

Non-Paid Application

(Consultant, Contractor, Vendor, Volunteer, and Intern)



This application is required for anyone conducting business under contract with the Hillsborough County Sheriff's Office (HCSO), working on site at any of the HCSO facilities, or otherwise using data, information and systems that are operated and held by the HCSO.

Position Applying For: _____

1. Name: _____
Last First Middle

2. Social Security #: _____ Date of Birth: _____ Marital Status: _____

3. Mailing Address: _____
City: _____ State: _____ Zip Code: _____ County: _____

4. Physical Address: _____
City: _____ State: _____ Zip Code: _____ County: _____

5. Contact Numbers: Home: _____ Cell: _____ Work: _____

6. Email Address: _____

7. Names: List all other names used (adoption, legal change, alias, maiden, etc.).

Name	Circumstance	From Date	To Date

8. Are you a United States Citizen or authorized to work in the U.S.? Yes No Naturalization # _____

9. List all other languages you speak in addition to English: _____

10. List your highest level of completed education: _____

11. List your valid certifications and licenses: _____

Emergency Contact Information

12. Name: _____ Relationship: _____
Last First

13. Current Address: _____
City: _____ State: _____ Zip Code: _____ County: _____

14. Contact Numbers: Home: _____ Cell: _____ Work: _____

Driver License Information

15. If you are a licensed automobile operator, in what Province/State, are you licensed? _____

16. Driver License/State ID #: _____ Expiration Date: _____

17. Has your Driver License ever been suspended or revoked in any state? If yes, provides dates and reasons. Yes No

Residences

18. Chronologically list all addresses during the past 3 years, including school and military residences.

Begin Date: _____ End Date: _____ Address _____
City: _____ State: _____ Zip Code: _____ County: _____

Begin Date: _____ End Date: _____ Address _____
City: _____ State: _____ Zip Code: _____ County: _____

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Arrest History / Court Data

19. Have you ever been arrested, charged or received notice or summons to appear for any criminal violation, even as a juvenile? Yes No
20. Have you ever been convicted of a felony? Yes No
21. Are you currently under court-order supervision? Yes No
22. Have you ever been fingerprinted for any reason (i.e. job application, military, arrest)? Yes No
23. Have you ever had a criminal record expunged or sealed? Yes No
24. Have you ever been detained by any law enforcement officer or agency for investigative purposes or, to your knowledge, have you ever been the suspect of/in a criminal investigation? Yes No
- If yes to questions #19 through #24, provide specific details for each item including date(s), agency, charge, and disposition:

Drug History

25. In the last 24 months, have you used marijuana or any of its derivatives? If yes, provide details: Yes No
26. In the last 36 months, have you illegally used any controlled substance? Controlled substances consist of prescription drugs, synthetic drugs, cocaine, heroin, LSD, inhalants, etc. Use of controlled substance includes injecting, snorting, inhaling, swallowing, experimenting with, or other consuming. If yes, provide details. Yes No
- a. Drug(s): _____
- b. Circumstance: _____
27. Have you ever, even as a juvenile, sold any illegal narcotics/controlled substances? If yes, provide details: Yes No
- a. Drug(s): _____
- b. Circumstance: _____
- c. Number of times supplied/sold and dates: _____

Employment History

28. List name, address and phone number of current employer: _____
29. Were you ever the subject of any disciplinary action of any kind or terminated/fired by an employer? If yes, provide details including employer, date, violation, and results: Yes No
30. Have you ever been employed by HCSO, any company that provides contract service for HCSO, or any other law enforcement agency? If yes, provide details including employer, dates, job title, and reason for leaving. Yes No

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Military History

31. Have you ever served in the Armed Forces of the United States or a foreign military service? If yes, provide details including branch, dates, and type of discharge: Yes No

32. If you served in the military, were you ever court-martialed, tried on charges, given a Captain's Mast, punished under Article 15, or the subject of summary court or any other military discipline? If yes, provide details including date, charge/violation, and disposition: Yes No

I acknowledge that I have read and understand the following:

- * I authorize HCSO to investigate the truthfulness of all statements made on this application. My appointment or contractual relationship with HCSO will be contingent upon the results of a background investigation. Any omission, falsification, or misrepresentation will be the basis for my disqualification or my dismissal from HCSO. I agree to these conditions and certify that all statements made by me on this application are true, to the best of my knowledge, correct and complete.
- * I consent to any physical examination or drug test. I may be fingerprinted. This application shall become the property of HCSO and that the application and the information received in response to the background investigation are public records.
- * I agree to conform to the rules, regulations and orders of HCSO and acknowledge that these rules, regulations and orders may be changed, interpreted, withdrawn or added to by HCSO, at its discretion, at any time and without any prior notice to me.
- * HCSO is a drug-free and tobacco-free work place. The use or possession of alcohol, narcotics or any controlled substance on any HCSO premises will revoke my access to all related facilities and information/data. This may result in my arrest.
- * I must immediately notify HCSO of any changes to the foregoing information including, but not limited to, changes in my arrest history, the existence of any new criminal charges or civil traffic citations, and/or changes in my affiliation with the employer or agency I am currently representing.
- * My appointment or contractual relationship with HCSO does not guarantee or imply permanent employment with HCSO and I may be terminated at anytime without cause. I do not receive accumulation of sick or annual leave, holidays, or credit toward any future employment. I may not subscribe to county sponsored insurance policies.

Federal Bureau of Investigations (FBI) Criminal Justice Information Services

I certify and understand that:

- * Criminal justice information obtained (via the DAVID, FCIC, NCIC, State Attorney's Office, etc.) and related data, by its very nature, is sensitive and has potential for great harm if misused.
- * Access to criminal history record information and related data is therefore limited to the purpose(s) for which a government agency has entered into the contract incorporating this Security Addendum.
- * Misuse of the system by, among other things: accessing it without authorization; accessing it by exceeding authorization; accessing it for an improper purpose; using, disseminating or re-disseminating information received as a result of this contract for a purpose other than that envisioned by the contract, may subject me to administrative and criminal penalties.
- * Accessing the system for an appropriate purpose and then using, disseminating or re-disseminating information received for another purpose other than execution of the contract also constitutes misuse.
- * Occurrence of misuse does not depend upon whether or not I receive additional compensation for such authorized activity. Such exposure for misuse includes, but is not limited to, suspension or loss of employment and prosecution for state and federal crimes.
- * I should be familiar with the above stated information that is contained in (1) the Security Addendum, including its legal authority and purpose; (2) the NCIC 2000 Operating Manual; (3) the CJIS Security Policy; and (4) Title 28, Code of Federal Regulations, Part 20, and agree to be bound by their provisions. For additional information I should refer to fbi.gov.

Signature

Printed Name

Date

A copy of your Driver License; Social Security Card; Professional License (if applicable); and High School Diploma, GED, or College Transcripts (Interns only) should be provided with this application.

Personal Inquiry Waiver
Authority for Release of Information



To: Authorized Representative of any Organization,
Institution or Repository of Records

Applicant Name: _____ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

I respectfully request and authorize you to furnish the Hillsborough County Sheriff's Office any and all information requested by an authorized representative of the Sheriff's Office. This information is to assist in determining my fitness for working on site in facilities operated by the Sheriff's Office and in working with data, information and systems managed by the same.

I hereby release you, your organization or others from any liability or damage which may result from furnishing the information requested in accordance with the purpose stated above.

Signature Printed Name Date

AFFIDAVIT

Notary:
STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

Sworn to (or affirmed) and subscribed before me by means of _____ physical presence or _____ online notarization,
this _____ day of _____, _____ by _____
Day Month Year Name of Person Making Statement

Personally Known OR Produced Identification Type of Identification _____

Signature of Notary Public - State of Florida Print, Type, or Stamp Commissioned Name of Notary Public

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Applicant Name: _____ Date of Birth: _____

To be Completed by the Hiring Manager

Applicant's Agency/Company Name: _____

Role at HCSO: _____

Organizational Business Unit: _____ Financial (Security) Business Unit: _____

HCSO Immediate Supervisor: _____ Supervisor Position #: _____

Supervisor Phone #: _____ Supervisor ABN: _____

HCSO ID Badge Required: Yes No

Access ID

Access to: _____

Non-Access ID

To be Completed by the Employment Services Section

Criminal History

A check of fingerprint results, FCIC/NCIC, Event Inquiry, Versadex, State Attorney's Office, Clerk of the Circuit Courts, Warrants, LInX, and DAVID revealed:

No criminal history found

Criminal history found and addendum completed

* If criminal history information is found, the Employment Services Section must complete and attach the Criminal History Addendum.

Criminal Justice Information System (CJIS) Security Awareness Training and Exam

CJIS Security Awareness Training and Exam Required

CJIS Security Awareness Training and Exam Not Required

Current Expiration Date: _____

Signature Printed Name ABN Date

This Non-Paid Application should be approved through the Department Commander AFTER all criminal history is reviewed.

If criminal history was found, please review criminal history addendum prior to approval.

APPROVED	DISAPPROVED	DATE	NAME	ABN	TITLE
		_____	_____	_____	_____
		_____	_____	_____	_____
		_____	_____	_____	_____
		_____	_____	_____	_____
		_____	_____	_____	_____
		_____	_____	_____	_____

Applicant Fingerprinting



**Applicant shall take this completed form to the Identification Section
1238 Tech Blvd.
Tampa, Florida 33619
Office Hours: Monday - Friday 8:00 am - 4:30 pm**

Section I: To be Completed by Human Resources / Community Outreach / Hiring Manager

Applicant has applied for the position of _____

Certified Applicant Civilian Applicant Crossing Guard Applicant Non-Paid Applicant

HCSO Contact Name _____ HCSO Contact ABN _____

Section II: To be Completed by the Applicant

Name _____
Last First Middle

Social Security # _____ Date of Birth _____

Place of Birth (State) _____

Race _____ Sex _____ Height _____

Weight _____ Hair _____ Eyes _____

Current Address _____

City _____ State _____ Zip Code _____ County _____

Applicant Signature Date

Section III: To be Completed by the Identification Section

Fingerprinted by:

Print Name Signature ABN Date

SOID _____ Transaction # _____ Versadex Scan Date _____

Section IV: To be Completed by Human Resources

Fingerprint results received by:

Print Name Signature ABN Date

NOTICE FOR APPLICANTS SUBMITTING FINGERPRINTS FOR A CRIMINAL HISTORY RECORD CHECK

NOTICE OF: RETENTION OF FINGERPRINTS, PRIVACY POLICY, AND RIGHT TO CHALLENGE AN INCORRECT CRIMINAL HISTORY RECORD

This notice is to inform you when you submit a set of fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of conducting a search for any Florida and national criminal history records that may pertain to you, the results of the search are returned to the authorized agency ORI indicated in the transaction. By submitting fingerprints, you are authorizing the dissemination of any state and national criminal history record that may pertain to you to the agency from which you are seeking approval to be employed, licensed, or have access to their facility. The fingerprints submitted are retained by FDLE and the Federal Bureau of Investigation (FBI), and FDLE will notify the agency of any subsequent arrests.

Your Social Security Account Number (SSAN) is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 U.S.C. § 552a), FDLE is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. FDLE does not require a SSAN but it could cause a delay in processing your criminal history record check.

Authorized agencies are allowed to release a copy of the state and national criminal record information to a person who requests a copy of his or her own record if the identification of the record was based on submission of the person's fingerprints. Therefore, if you wish to review your record, you may request a copy of your record from the screening agency. After you have reviewed the criminal history record, if you believe it is incomplete or inaccurate, you may conduct a personal review as provided in s. 943.056, F.S., and Rule 11C-8.001, F.A.C. by calling FDLE at (850) 410-7898. If you believe the national information is in error, you may contact the FBI at (304) 625-2000. You can receive any national criminal history record that may pertain to you directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34. You have the right to obtain a determination as to the validity of your challenge before a final decision is made about your status as an employee, volunteer, contractor, or subcontractor within a reasonable time.

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal rules providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Social Security Account Number (SSAN). Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based record checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Additional Information: The requesting agency and/or the agency conducting the application- investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch that has also published notice in the Federal Register describing any systems(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

APPLICANT NOTIFICATION AND ACKNOWLEDGEMENT

This form shall be completed and signed by every applicant for background screening purposes.

I hereby authorize the Hillsborough 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.

I understand the following:

- My fingerprints will be retained at FDLE and the Federal Bureau of Investigation (FBI) for the purpose of providing notice of any subsequent arrests.
 - Upon request, the Hillsborough County Sheriff's Office will provide a copy of my criminal history record to me.
 - 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.
-

Printed Name: _____

Date of Birth: _____

Signature: _____

Date: _____
