Manalapan Police Department

600 South Ocean Boulevard
Manalapan, Florida 33462-3398
An Equal Opportunity Employer
Phone 561-585-4030
Fax 561-585-9498
mmoschette@manalapan.org
jrasor@manalapan.org

911 Dispatcher Supervisor Application

Revised 9/2025

Manalapan Police Department

600 South Ocean Boulevard
Manalapan, Florida 33462-3398
An Equal Opportunity Employer

Dear Dispatch Supervisor Applicant:

Thank you for your interest in the Manalapan Police Department. This agency is directed by Chief Jeffrey Rasor and consists of 13 sworn law enforcement officers and 6 non-sworn employees. The Town of Manalapan consists of two- and one-half square miles and serves 406 residents. We welcome all qualified applicants with outstanding qualities such as initiative, integrity, and respect to pursue joining our proud team of law enforcement professionals.

The Town of Manalapan, in a commitment to safeguard the health of employees and to provide a safe working environment, prohibits the unlawful possession, use or distribution of illicit drugs and alcohol by employees on Town and other work sites. This Drug-Free Workplace policy is implemented pursuant to the program requirements under Florida Statutes 440.102 and Rules 38F-9.001 to 9.013, Florida Administrative Code. The Town of Manalapan conducts drug tests in compliance with the Drug-Free Workplace Act of Florida. Detailed summaries of this policy are available in the Town Finance Director's office. Employees are required to abide by this policy as a condition of employment. Any employee who violates this policy shall be subject to disciplinary action, up to and including discharge

To apply for a Dispatch Supervisor position with the Manalapan Police Department, an applicant must meet the following qualifications:

MINIMUM QUALIFICATIONS:

- High school diploma or equivalent and five (5) years of dispatch experience, including two (2) years of previous supervisory responsibility;
- **OR** technical certification or associate degree and three (3) years of increasingly responsible experience as listed above;
- **OR** bachelor's degree and one (1) year of increasingly responsible experience as listed above;
- **OR** a combination of experience, certification, education and training that demonstrates expertise in the related areas

CERTIFICATIONS, LICENSES OR SPECIAL QUALIFICATIONS:

- Must have and maintain a valid state of Florida driver license
- Must have Florida Department of Health 911 Public Safety certification or ability to obtain within six (6) months of hire date
- Must have CJIS Florida Crime Information Center (FCIC) and National Crime Information Center (NCIC) certification or ability to obtain within thirty (30) days of hire date

- Must pass the background check process for this position including the following: Criminal Background Check

- Reference Check
- Motor Vehicles Report (MVR) Check
- Credit Check
- Neighborhood Check
- Certification/License Verification
- Fingerprinting
- Polygraph
- Employment Verification Psychological Examination
- Drug and Alcohol Screen

PREFERRED QUALIFICATIONS:

- Dispatch experience in the state of Florida

In order for a complete background investigation to be conducted and for you to continue processing your application for employment, all of the following guidelines must be adhered to:

1. All requested dates and addresses shall be complete, including zip codes, regardless of whether or not a resume is being submitted.

2. All forms provided in the Dispatch Supervisor application package must be returned together signed, completed, and notarized (if specified – we have notaries on staff at no charge to you). All documents must be completed in **dark black ink** only.

3. A current photograph (not a photograph copy made on a copier) of yourself must be attached to the completed Personal History Questionnaire.

4. Originals of the following documents are required when the application package is submitted. Copies of originals will be made when the application package is submitted. *Originals will be returned to the applicant immediately*.

- Birth Certificate;
- High School Diploma/GED;
- Social Security Card;
- Driver's License with current address;
- DD-214, including honorable discharge statement (if prior military service);
- Military Records Request Form 180 (if prior military service), or write N/A on provided form if no military experience and return with application package. Also, if you have not served in the U.S. Military, you must sign the Attestment of Non-Service in Any Branch of the United States Military Form;
- Training Certificates;
- Official College Transcripts (indicating date of graduation and major or, if degree not obtained, number of hours and courses completed;
- Documentation on all name changes from birth name (if applicable);
- 911 Public Safety Telecommunicator Initial/Original Certificate
- Credit Bureau Report
- FDLE CJSTC 58 Authority for Release

In addition to providing necessary information to complete your background investigation, this application process also serves as a reflection of your moral character and ability in report writing, following instructions, and neatness of your work product. Failure to follow these directions or to disclose pertinent background information will delay your application process and may disqualify you from further processing.

Completed applications shall be submitted via email to Chief Jeffrey Rasor at jrasor@manalapan.org and Lt. Micheal Moschette at mmoschette@manalapan.org. If you have any further questions please feel free to contact Chief Jeffrey Rasor at (561) 383-2550 or Lt. Michael Moschette at 561-383-2554.

Once all of the above requirements have been completed, we look forward to reviewing your application with the Manalapan Police Department. Thank you again for your interest in joining the Manalapan Police Department.

Sincerely,

Chief Jeff Rasor

Jeffrey Rasor, Chief of Police
Manalapan Police Department

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911 DISPATCH SUPERVISOR EMPLOYMENT BENEFITS

- Salary Range (with current 911 Dispatcher Certification) - $77,076 - $115,613
- Defined Benefit Pension Participation
- Paid Medical, Dental and Vision Plans, Partial Premium for Dependents
- Deferred Compensation Program (Voluntary Participation) 457 and 401A
- Training Opportunities, Advanced Education Reimbursement Program

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APPLICATION FOR EMPLOYMENT

In accordance with the provisions of the Americans with Disabilities Act, notify Chief Jeffrey Rasor in advance if you require special accommodations to participate in the employment process.

PLEASE PRINT CLEARLY IN BLACK INK

Position Applying For:_____

Name of Applicant: _____
Last First Middle

Phone Number:_____ Email:_____

Mailing Address:_____
Street Number Street Name APT or LOT Number

_____
City State Zip Code

Insert Passport Photo

PERSONAL HISTORY QUESTIONNAIRE

INSTRUCTIONS:

Complete this application completely and accurately, as all statements in this application are subject to verification. Any applicant intentionally giving false information will be subject to disqualification. If a question does not apply to you, write N/A (not applicable). If the space provided is inadequate, please document the additional information on a separate full-size sheet of paper (8 ½" x 11") and indicate the question, which you are answering. More than one answer may be put on a sheet.

1. Full Name: _____
   Last First Middle Maiden

2. Date of Birth: _____ Social Security Number: _____
   Month Date Year

3. Present Statistics: _____
   Weight Height Eye Color Hair Color

4. Place of Birth: _____
   City County State Country

5. Are you a citizen of the United States? Yes ☐ No ☐

6. Have you had your name legally changed? Yes ☐ No ☐

7. If you responded positively to question number 6, indicate the following:

   - Previous name: _____
   - Date and Location of Change: _____
   - Reason for Change: _____

8. Present Address:

   _____
   Street Number Street Name APT or LOT Number

   _____
   City State Zip Code

   Phone Number: _____ _____
   Home Work

   How long have you resided at your present address? _____

9. Do you own your home? Yes ☐ No ☐

   How long? _____ Do you rent? Yes ☐ No ☐

10. Chronologically list ALL previous places of residence within the last ten (10) years. Include full street address and zip code.

FROM		TO		
Month	Year	Month	Year	Address of Residence

11. To the best of your knowledge, do you have any limitations that would prevent you from performing the job functions and / or duties of a dispatcher?
Yes ☐ No ☐

12. List all clubs, societies, civic, or fraternal organizations that you are or have been a member.

Dates	Organization Name	Address of Organization	Active	Inactive

MARRIAGE (Present Marital Status)

Information in this section applies only to those applicants who are presently married.

13. Spouse's Full Name: _____
Last First Middle

14. Spouse's Maiden Name: _____
Last First Middle

15. Date of Marriage: _____

16. Location of Marriage: _____

17. Is your spouse in favor of you becoming a Police Dept. employee ? Yes ☐ No ☐

MARRIAGE (List Previous Marriages)

18. Spouse's Full Name:_____
Last First Middle

19. Are you responsible for child support payments: Yes☐ No☐

If applicable, list the amount of monthly payment: _____

20. Are you responsible for alimony payments: Yes☐ No☐

If applicable, list amount the amount of monthly payment: _____

21. If you are currently responsible for making child support payments or paying alimony, has legal action been taken against you for either failing to make payment or delaying payments? : Yes☐ No☐

If yes, please explain on a separate sheet of paper.
List all other previous marriage information on a separate sheet of paper.

RECORD OF PARENTHOOD

22. List all children born to you.

Date of Birth	Place of Birth	Name of Child	Other Parent	Who is the Child Supported by?	Who has custody of the Child ?

EDUCATIONAL BACKGROUND

23. List all high schools, trade/vocational schools, and colleges that you have attended.

Month / Year From - To		Educational Institution's Name	Mailing Address	Did You Graduate?

MILITARY SERVICE

24. Have you ever served in a military organization of the United States? Yes ☐ No ☐

If applicable, please provide the below requested active military service and other data requested:

Month / Year From - To		Branch of Service	Rank Held	Serial Number	Type of Discharge	M.O.S.

25. How many discharges or separations from the service have you received?_____

26. Were you ever tried, punished, reprimanded, or reduced in rank for any infraction of military rules or regulations? Yes ☐ No ☐

If yes, indicate on a separate sheet of paper the following.

- Date(s)
- All Charge(s)
- Type of proceedings
- Disposition of charge(s)

27. Has your discharge or separation status ever been corrected or changed?
Yes ☐ No ☐

If yes, indicate details below:

Change From: _____ To: _____
Authority: _____

28. Are you now, or were you ever an active or inactive member of the United States Reserve Forces or the State National Guard? Yes ☐ No ☐

If yes, please provide the following requested data:

Month / Year From - To		Branch of Service	Rank Held	Serial Number	Type of Discharge	M.O.S.

29. Have you ever served in a military organization of any foreign government?
Yes ☐ No ☐

If yes, indicate the country: _____
Date of Entry: _____ Date of Separation: _____ Rank: _____

VETERANS' PREFERENCE CLAIM

30. Have you ever claimed and been employed through Veterans' Preference?
Yes ☐ No ☐

If yes, give the name and address of employer

_____

_____

31. If no, are you claiming Veterans Preference?
(In accordance with chapter55 A-7 Florida administrative code and chapter 295, Florida statutes) Yes ☐ No ☐

If yes, what category are you claiming? _____

(Please indicate the number from Veterans' Preference categories below)

1) A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U.S Department of Veterans Affairs 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 who has served on active duty of one or more during a wartime period, excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America

4) The unremarried widow or widower of a veteran who died of a service related disability

32. Have you ever been employed by any governmental entity within the state of Florida? Yes ☐ No ☐

*Note: If you are claiming Veterans Preference, you must meet the criteria and substantiate your claim by furnishing a DD214 (Certificate of Release or Discharge from active duty) or comparable document which serves as a certificate of release or document which serves as a documentation in accordance with the provision of Rule 55-A7.013, F.A.C. Wartime periods are defined in 1.01, F.S. Veterans Preference shall expire after an eligible person has been employed by the state to those in categories 1 and 2 and then those in categories 3 and 4. If an applicant claiming Veterans Preference for a vacant position is not selected, he/she may file a complaint with the Florida Department of Veterans Affairs Post Office Box 31003, St. Petersburg, Florida 33731-8903. A complaint must be filled within 21 days of the applicant receiving notice of the hiring decision made by the employing agency or within 3 months of the date of the application is filed with the employer if no notice is given.

EMPLOYMENT/UNEMPLOYMENT RECORD

33. Do you object to your present employer being contacted? Yes ☐ No ☐

- If yes, why _____

34. Have you ever been discharged or asked to resign from employment? Yes ☐ No ☐

If applicable, explain _____

_____

35. Have you ever been subjected to disciplinary action in connection with any employment? Yes ☐ No ☐

If applicable, explain _____

_____

36. List all Law Enforcement agencies that you have previously or are currently applying for employment. Provide the following information.

- Police Safety Agency Applied to
- Dates Applied
- Final Disposition

37. List all employment, including part-time employment and explain all lapses in employment over 20 days.

Company Name:		Phone (area code):
Complete Address:		
Name of Supervisor:	Starting: month & year	Ending: month & year
Job Title and description of Duties:		Salary:
Reason for Separation:		

Company Name:	Phone (area code):
Complete Address:	

Name of Supervisor:	Starting: month & year	Ending: month & year
Job Title and description of Duties:		Salary:
Reason for Separation:		

Company Name:	Phone (area code):
Complete Address:	
Name of Supervisor:	Starting: month & year	Ending: month & year
Job Title and description of Duties:		Salary:
Reason for Separation:		

Company Name:	Phone (area code):
Complete Address:	
Name of Supervisor:	Starting: month & year	Ending: month & year
Job Title and description of Duties:		Salary:
Reason for Separation:		

For additional employment history, please use a separate sheet of paper.

BACKGROUND INFORMATION

38. Have you ever been convicted of a felony or a misdemeanor? Yes ☐ No ☐

If yes, what were the charges?_____

Where convicted? _____Date of conviction?_____

39. Have you ever pled nolo contendere or pled guilty to a crime which is a felony or a first-degree misdemeanor? Yes ☐ No ☐

If yes, what were the charges?_____

Where convicted? _____Date of conviction?_____

40. Have you ever had adjudication of guilt withheld for a crime, which is a felony or first-degree misdemeanor? Yes ☐ No ☐

If yes, what were the charges?_____

Where convicted? _____Date of conviction? _____

41. Have you ever been detained, arrested, taken into custody or been the subject of any investigation? Yes ☐ No ☐

If yes, list all incidents and explain on a separate sheet of paper.

Note: A "Yes" answer to these questions will not automatically bar you from employment. The nature, job relatedness, severity, and date of the offense in relation to the position for which you are applying are considered. All applicants must reveal all arrests and convictions, REGARDLESS of sealed or expunged records or juvenile status per FDLE background requirements.

42. Have you used any type of tobacco products within the last year? (ie;cigarettes,etc)

Yes ☐ No ☐ If yes, what is the usage amount?_____

CHARACTER REFERENCES

43. List below the name of four (4) persons not related to you and not former employers who have known you for at least five (5) years. All persons who you refer will be asked to appraise your character, ability and other qualities.

PLEASE FURNISH COMPLETE ADDRESSES AND ZIP CODES

Name:	Home Phone (area code):
Complete Address:	
Years known::	Email Address:
Occupation:	Business Phone (area code):

Name:	Home Phone (area code):
Complete Address:	
Years known::	Email Address:
Occupation:	Business Phone (area code):

Name:	Home Phone (area code):
Complete Address:	
Years known::	Email Address:
Occupation:	Business Phone (area code):

Name:	Home Phone (area code):
Complete Address:	
Years known::	Email Address:
Occupation:	Business Phone (area code):

MOTOR VEHICLE OPERATOR RECORD

44. Do you currently possess a valid drivers license? Yes ☐ No ☐

45. Please print the following information **(EXACTLY AS SHOWN ON DRIVERS LICENSE)**

Drivers License Number:	State of Issuance:	Issue Date:
Names as shown on license:		
Address as shown on license::		
Type or Class of license:		Date of Birth:

46. List all states in which you were issued a drivers license and the driver's license number you were issued:

_____
_____
_____
_____
_____
_____
_____

47. Has your license expired? Yes ☐ No ☐

48. Has your license ever been revoked or suspended? Yes ☐ No ☐

If "yes" indicate on a separate sheet of paper the following.

- State of Suspension / Revoked
- Date of suspension / Revoked
- Details of suspension / Revoked

49. List all traffic citations received. For each citation received on a separate sheet of paper indicate the following.

- The date
- The offense
- The city, county, and state of occurrence
- The disposition of the case.

50. Do you now have any unpaid or outstanding summons against you for any violations? Yes ☐ No ☐

51. If applicable, provide locations of offenses and number of unpaid citations.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

FAMILY BACKGROUND

52. List alphabetically; by last name first, all members of your immediate family, spouse included. and all members of your spouse's immediate family. Immediate family should include father, stepfather, mother, stepmother, brother, sister, guardians, and / or foster parents. This includes those relatives who are deceased. If additional space is required please use an additional sheet of paper.

Relationship	Name	Address	Occupation	D.O.B. Or Age

NEIGHBORHOOD CHECK

53. List your neighbors from your last three (3) residences. If you do not know the name of the neighbor, list the neighbor's address or the apartment manager's address. If necessary, please use a separate sheet of paper.

Neighbors Name:	Phone (area code):
Complete Address:	
Neighbors Name:	Phone (area code):
Complete Address:	
Neighbors Name:	Phone (area code):
Complete Address:	
Neighbors Name:	Phone (area code):
Complete Address:	
Neighbors Name:	Phone (area code):

Complete Address:	
Neighbors Name:	Phone (area code):
Complete Address:	
Neighbors Name:	Phone (area code):
Complete Address:	

LOYALTY

Instructions: The term "subversive organization" as used here means any group or organization which supports, follows, or sympathizes with the principles of communism or any other subversive doctrine or is listed by the U.S. Attorney General as subversive. Circle "yes" or "no" to each question. If "yes", give details on a separate sheet of paper.

54. Are you now, or have you ever been a member of the Communist Party?
Yes ☐ No ☐

55. Are you now, or have you ever been a member of a Fascist Organization?
Yes ☐ No ☐

56. Are you now, or have you ever been a member of any organization which advocates the overthrow of our constitutional form of government, or which has adopted the policy of advocating the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States?
Yes ☐ No ☐

57. Are you now, or have you ever been affiliated with any organization of the type described above, as an agent, official, or employee?
Yes ☐ No ☐

58. Are you now associating with, or have you ever associated with any individuals, including relatives, who you know or have reason to believe are members of any of the organizations described above?
Yes ☐ No ☐

59. Have you ever been engaged in any of the following activities of any organization of the type described above: Contribution to, attendance at or participation in any

organizations, social activities of said organizations or of any projects sponsored by them; the sale, gift, or distribution of any written, printed, or other matter, prepared, reproduced or published by them or any of their agents?

Yes ☐ No ☐

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AFFIDAVIT OF NON-USE OF TOBACCO PRODUCTS

I _____, do hereby affirm that I have not been a user of tobacco products for at least one (1) year immediately preceding my application as an employee for the Manalapan Police Department, in accordance with department policy. I further understand that I will not be allowed to use tobacco products if employed by the Manalapan Police Department.

Under the penalties of perjury, I declare that I have the forgoing affidavit and that the facts stated in it are true.

_____
Signature

_____
Date

Sworn to and subscribed before me this _____day of _____, 20_____A.D.

_____
Notary Public
State of Florida At Large

My commission expires: _____, 20_____A.D.

SEAL

Manalapan Police Department

600 South Ocean Boulevard, Manalapan, FL 33462
P: 561-383-2552 · F: 561-547-7815

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DRUG TESTING CONSENT FORM PART I DRUG TEST AUTHORIZATION

I understand that as a part of the pre-employment process, the Manalapan Police Department will conduct an in-depth background investigation in an effort to determine my suitability to fill the position for which I have applied. In keeping with the efforts of the Department to identify the most qualified individuals for the law enforcement profession, I do hereby voluntarily consent to the sampling and subsequent testing of my body fluids, including urine and blood. I understand that the refusing to supply the necessary samples may be grounds for rejection of my application for employment. I further understand that the results of the testing may be utilized in conjunction with any other information developed during the pre-employment process to determine my eligibility for the position for which I have applied, and that written confirmatory laboratory reports may be subject to disclosure under the Public Records Act of the State of Florida.

_____

Applicant's Signature Date

Sworn and subscribed before me on this _____day of _____, 20____

_____

Notary Public State of Florida

County of _____

My Commission expires: _____

Personally Known_____or Identification Produced _____

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TRUTH - VERIFICATION CONSENT

Are you willing to take a truth – verification examination (CVSA/Polygraph) to verify all information supplied in this application and all other information supplied to this department?
Yes ☐ No ☐

If no, state your reason(s): _____

I affirm that this application contains no misrepresentation or falsifications, omissions, or concealment of material fact, and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that statements made by me on this application are subject to later investigation. I am further aware that should any investigation disclose any such misrepresentation, falsification, omission, or concealment of material fact, my application may be rejected and my name removed from the eligibility list. If already appointed I may be dismissed.

This ___day of _____, 20_____.

_____
Applicant's Signature Date

_____

Notary Public
State of Florida

County of _____

My Commission expires: _____

Personally Known_____or Identification Produced _____

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National Personnel Records Center, GSA.
Military Personnel Records
9700 Page Boulevard
St. Louis, MO. 63132

To Whom It May Concern:

I hereby authorize the National Personnel Records Center, St. Louis, MO., or other custodian of any military record to release to the Town of Manalapan any and all information and/or photocopies from my military records including medical records, all disciplinary actions and a copy of form DD 214, report of separation.

Applicants full Name Printed: _____

Applicants Signature: _____

Social Security Number: _____

Current Address: _____

Telephone Number: _____

Sworn and subscribed before me on this _____day of _____, 20____

_____
Notary Public
State of Florida

County of _____

My Commission expires: _____

Personally Known_____or Identification Produced _____

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NON–MILITARY SERVICE AFFIDAVIT

I, _____have never served at any time in the Armed Forces in the United States of America, or any other country.

_____
Signature

_____
Date

Sworn and subscribed before me on this _____day of _____, 20____

_____

Notary Public
State of Florida

County of _____

My Commission expires: _____

Personally Known_____or Identification Produced _____

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Copies of your personal credit report can be obtained through any of the Credit Reporting Services listed below. Your credit report must be returned to Manalapan Police Department in the original envelope sealed and un-tampered. A copy of the report will be made for the file and the original will be returned to you at your request. The credit report must be drawn during the hiring phase dates. Any other report will not be accepted.

To obtain a copy of your personal credit report, you may contact any of the below listed companies. The credit report is required upon submission of the completed application. Applications that do not include a credit report shall not be accepted.

- **Equifax:** **1-800-685-1111**
- **Experion:** **1-888-397-3742**
- **Trans-Union:** **1-800-888-4213**

A Summary of Your Rights under the Fair Credit Reporting Act

The Federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer-reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (http://www.ftc.gov). The FCRA gives you specific rights as outlined below. You may have additional rights under state law. You

may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance, or employment – must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

- **You can find out what is in your file**. At your request, a CRA must give you the information in your file, and a list of everyone who have requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within sixty (60) days of receiving notice of the action. You also are entitled to one (1) free report every twelve (12) months upon request if you certify that (1) you are unemployed and plan to seek employment within sixty (60) days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within thirty (30) days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs - to which it has provided the data – of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement in your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within thirty (30) days after you dispute it. However, the CRA is not required to remove accurate date from your file unless it is outdated (as described below) or cannot be verified. If your dispute results change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address, and phone number of the information source.

- **You can dispute inaccurate items with the source of the information.** If you tell anyone – such as a creditor who reports to a CRA – that you dispute an item, they may not report the information to a CRA without including a notice

of your dispute. In addition, once you have notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

- **Outdated information may be not be reported.** In most cases, a CRA may not report negative information that is more than seven (7) years old; ten (10) years for bankruptcies.

- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord, or other business.

- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurer, or employers without your permission.

- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two (2) years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state of federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

For Questions or Concerns Regarding:	Please Contact:
CRAs, creditors, and others not listed below	Federal Trade Commission Consumer Response Center – FRCRA Washington, D.C. 20580 202-326-3761
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after banks' name)	Office of the Comptroller of the Currency Compliances Management, Mail Stop 6-6 Washington, D.C. 20219 800-613-6743
Federal Reserve System member banks (expect national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, D.C. 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 Programs Washington, D.C. 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 703-518-6360
State-charted banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, D.C. 20429 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board of Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, D.C. 20590 202-366-1306
Activities subject to the Packers and Stockyards Action, 1921	Department of Agriculture Office of Deputy Administrator –GIPSA Washington, D.C. 20250 202-720-7051

FDLE
Florida Department of
Law Enforcement

AUTHORITY FOR RELEASE OF INFORMATION
(Background Investigation Waiver)

Incorporated by Reference in Rule 11B-27.0022, F.A.C.

CJSTC 58

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 _____