EDGEWOOD POLICE DEPARTMENT

5565 S. ORANGE AVENUE
EDGEWOOD, FLORIDA 32809
(407) 851-2820
www.edgewood-fl.gov

EQUAL OPPORTUNITY EMPLOYER

We are an equal opportunity employer and do not discriminate on the basis of race, color, religion, sex, age, national origin, or disability.

The Edgewood Police Department participates in the DHS E-Verify program as required by FS 448.095.

Name:___________________________________ Phone #: (____)____-___________

Address: ____
Street City State Zip Code

Date of Birth:____________Sex:______Race:______(For Statistical and Criminal History Purposes only)

Driver's License Number:__________________________State: _________________________

Position Sought: ________________________________ Full Time ( ) Part Time ( )

Mobile Phone: (____)_______-__________ Email Address: _______________________

Social Security Number: _______________________________

Completed Application Submission - You may submit your completed application to the Edgewood Police Department in person or by mail. Also, you are welcome to email the completed application to recruiting@edgewood-fl.gov. If selected to move forward in the process, the recruiting team will need your completed paper application. If you have any questions, please don't hesitate to reach out.

INSTRUCTIONS FOR COMPLETING APPLICATION

The purpose of this application is to get truthful answers. Providing false information may be sufficient cause for rejection. The background investigation and polygraph will verify all information provided.

Please complete all portions of this application fully and accurately, or your processing may be delayed or stopped. All addresses must be complete, including a zip code and phone number. If an item does not apply to you, write in the letters “N/A” for “Not Applicable.” The application must be completed by the candidate only and must be notarized. **Failure to provide and fill out all information in this application will be grounds for termination of this application.**

APPLICANT: READ THIS FIRST

The Edgewood Police Department is requesting you to fill out this employment questionnaire. No other document, which you will prepare during your application process for a position with the City of Edgewood, is as essential as this questionnaire, and it is in your best interest to follow these instructions. There are many more applicants for employment than there are available positions; investigators and administrative aides do not have the time to correct your questionnaire or conduct inquiries to complete your responses.

Do not type or otherwise reproduce this document except by printing it yourself. Further, after thoroughly completing the document, you **MUST HAVE IT NOTARIZED** on the appropriate pages. Please note that notarizations can be performed in person at the Edgewood Police Department at no charge.

Before completing this document, please read the instructions carefully, which are provided throughout. There are several copies of official documents that you are required to obtain, and these documents will be necessary. The Edgewood Police Department understands that some documents may have to be requested and mailed to you. In that case, a written explanation of why the document is missing and what you are doing to obtain the document will be required with the application.

When mentioning individuals, be sure to identify them by their full, correct name. Further, give a complete address; DO NOT ASSUME that the investigator will attempt to determine street numbers, correct street spellings, apartment numbers, telephone numbers, or zip codes. If your questionnaire is not complete and notarized, this application will be terminated.

When completing the residence portion of this questionnaire, **be sure that you provide every address where you have lived for the last five (5) years,** in order from your present address backwards. If necessary, call the appropriate person to find out the exact address and the time period during which you resided

When completing the employment portion of this questionnaire, be sure you provide each employer for the past ten (10) years, in order from your present employer backwards. If there was a period of unemployment, enter it in the employment section in the same sequence and manner as if this were another employer by indicating “from” and “to” and printing “UNEMPLOYED” in the block headed “Employer Name.” Further, if you worked more than one job at one time, place the major job first and enter the part-time or secondary job in the block immediately after the primary position.

If you need to use the continuation pages in this questionnaire, clearly mark which section you are continuing. If you need more space, use the last sheet in this questionnaire. Be as thorough as possible.

Again, answer each question as completely and honestly as possible. Many more people are not accepted because of omission and concealment than because of previous behavior. Any such omission or concealment will be considered deception. While indiscretions or other situations in your life history may or may not be condoned, deception will absolutely not be tolerated.

IMPORTANCE OF HONESTY

The Edgewood Police Department is seeking applicants who demonstrate certain characteristics. Honesty is the most important characteristic that you must demonstrate. It is extremely important that you are completely honest in all of your answers.

The importance of honesty from time of application, completion of all documents and questionnaires as well as during all interviews cannot be overemphasized. Failure to respond to any question accurately and completely, whether orally or in writing, will result in disqualification. Many applicants have been disqualified for dishonesty.

While filing out documents, you are cautioned to take your time and to be thorough and specific in all your answers. If you have any doubt in your mind concerning a particular question, or if you are unsure whether to include certain information, the answer is “Yes: include it.”

You may think that something you have done will disqualify you from further consideration. It may or may not. What will certainly disqualify you is lying or distorting the truth. For example, an arrest (either when you were a juvenile or as an adult) may or may not disqualify you. However, lying about that arrest will disqualify you from further consideration. Or, you may have been fired from a job that, by itself, may or may not disqualify you. However, lying about it will disqualify you from further consideration. The use of drugs, including marijuana, may or may not disqualify you. However, lying about it will disqualify you from further consideration.

I have read and understand the contents of this paper

Applicant's Signature________________________________Date_______________

Address:

____

____

---Section Below To Be Completed By NOTARY PUBLIC---

STATE OF FLORIDA
COUNTY OF

Before me, personally appeared_________________________________, who says that they have executed this authorization of their own free will and with full knowledge of its purpose.

Sworn to and subscribed before me, this______day of___________________, 20____

____
(Notary Public)

My Commission Expires:

_____Personally Known
_____Produced Identification Type of I.D.: ______________________

APPLICANT CHECKLIST

Along with your application, please submit copies of any of the documents listed below which apply to you. Copies should be on 8.5" by 11" paper and should be inserted in the order listed at the back of the application. Your application will not be accepted, and your processing will not begin without the necessary documents; if any are missing, your application will be placed on hold and you will have sixty days to submit them after you have been contacted. In the event you are selected for a position with this agency, you will be required to present an original copy of your driver's license, registered alien card with photo, birth certificate, state ID, and social security card to satisfy Immigration Law requirements.

___Birth certificate
____High School or GED diploma/transcripts for GED
____Name, Social Security Number
____Drivers License
____College degree, college transcripts if no degree* (Does not need to be "Official" copy.)
____DD214 military discharge with re-enlistment code* ("Long" form)
____Proof of legal name change*
____Other documents reflecting your qualifications, e.g., letters of recommendation, training certificates*
____If possible, include up to three performance evaluations from your current employer.
(* *if applicable)*

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Name:________________________________Social Security #:______/______/_______

List all other names you have used, including maiden names and nicknames:

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INFORMATION

1. Date of Birth:___________________ Sex: _______________Race: ___

Please note, race is collected for statistical, affirmative action, and criminal history use.

2. Yes [] No [] Are you a U.S. Citizen?

   If not, are you a Permanent Resident? Yes [] No []

   If yes, USCIS Number:______________________

3. Yes [] No [] Were you referred to the Edgewood Police Department?

   Source: ______________________________

4. Yes [] No [] Do you have any relatives working for the Edgewood Police Department? Name: ______________________________________

   Relationship: _________________________________

5. Yes [] No [] Have you ever worked for or applied to the Edgewood Police Department?

   Position: _____________________________

   Date:________________________________

6. Yes [] No [] Is there any language (other than English) you can read, write, and/or speak fluently?____

7. Yes [] No [] Do you have any Social Media accounts?

   If yes list all below (use additional sheets of paper as needed):

   Facebook: ____________________

   Twitter: ____________________

   Instagram:________________________

   Snapchat: ____________________

8. Yes [] No [] Have you ever been arrested, received a notice to appear, charged, convicted, pled nolo-contendre or pled guilty to any criminal violation, regardless if the record was sealed or expunged.

If yes, please explain including year, charge, outcome:

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9. Yes [] No [] Are you presently under any criminal investigation?

If yes explain:

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____

10. Yes [] No [] Have you ever been involved in any criminal activity?

If yes explain:

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____

11. Yes [] No [] Have you used any illegal drugs/narcotics or abused prescription drugs in the past 10 years?

If yes, specify type and year used.

____

____

12. Yes [] No [] Have you ever been involved in the sale of illegal drugs?

If yes explain:

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13. Yes [] No [] Have you ever taken anything from an employer without proper permission?

If yes explain:

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____

14. Yes [] No [] Are you now or have you ever been (or known anyone who has been) associated with any group which advocates the overthrow or seeks to alter our constitutional form of government or seeks to deny others their rights under the U.S. Constitution?

If yes, please list:

____

____

15. Yes [] No [] Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the job or which might require further explanation?

If yes, please list:

____

____

____

EMPLOYMENT HISTORY

Please note, if your application proceeds to the background investigation stage, *your present employer will be contacted.*

Describe below any employment or occupations you have had, including experience in the military, and part-time, temporary, or volunteer work, even if the company is closed. *Additionally, list all periods of unemployment.* Begin with your present or most recent employment and work backward.

FIVE-YEAR EMPLOYMENT HISTORY

If you were employed under a different name with a past employer, indicate below. Applicants may be required to furnish satisfactory proof of experience claimed. Use a separate sheet or copy of this form if necessary.

Present or Most Recent *Dates of Employment -*
1. Employer:______________________________________From:____________To:______________
Address:____Phone:___________________
Position(s) Held:______________________________Type of Business: _______________________
Supervisor:____
Length of Supervision:____________________Prev. Supervisor: ___________________________
Description of Duties: ____
Reason for Leaving: ____
Salary/Earnings: Starting:________per______________Ending:__________per________________

Dates of Employment -
2. Employer:______________________________________From:____________To:______________
Address:____Phone:___________________
Position(s) Held:______________________________Type of Business: _______________________
Supervisor:____
Length of Supervision:____________________Prev. Supervisor: ___________________________
Description of Duties: ____
Reason for Leaving: ____
Salary/Earnings: Starting:________per______________Ending:__________per________________

Dates of Employment -
3. Employer:______________________________________From:__________To:______________
Address:____Phone:___________________
Position(s) Held:______________________________Type of Business: _______________________
Supervisor:____
Length of Supervision:____________________Prev. Supervisor: ___________________________
Description of Duties: ____
Reason for Leaving: ____
Salary/Earnings: Starting:________per______________Ending:__________per________________

Dates of Employment -
4. Employer:_________________________________From:____________To:____________
Address:____Phone:________________
Position(s) Held:____________________________Type of Business: _____________________
Supervisor:____
Length of Supervision:__________________Prev. Supervisor:___________________________
Description of Duties:____
Reason for Leaving: ____
Salary/Earnings: Starting per_____________Ending: per ____________

Dates of Employment -
5. Employer:_________________________________From:____________To:____________
Address:____Phone:________________
Position(s) Held:____________________________Type of Business: _____________________
Supervisor:____
Length of Supervision:__________________Prev. Supervisor:___________________________
Description of Duties:____
Reason for Leaving: ____
Salary/Earnings: Starting:________per_____________Ending:__________per _______________

Dates of Employment -
6. Employer:_________________________________From:____________To:____________
Address:____Phone: ________________
Position(s) Held:____________________________Type of Business: _____________________
Supervisor:____
Length of Supervision:__________________Prev. Supervisor:___________________________
Description of Duties:____
Reason for Leaving: ____
Salary/Earnings: Starting:________per_____________Ending:__________per _______________

Dates of Employment -
7. Employer:_________________________________From:____________To:____________
Address:____Phone:________________
Position(s) Held:____________________________Type of Business: _____________________
Supervisor:____
Length of Supervision:__________________Prev. Supervisor: ___________________________
Description of Duties: ____
Reason for Leaving: ____
Salary/Earnings: Starting:________per_____________Ending:__________per_______________

Please answer the following questions as they relate to all prior employers:

1. Yes [] No [] Have you ever been formally disciplined by an employer(s)? (List each discipline, employer and dates, even if employment was more than 10 years ago.)

____

____

____

2. Yes [] No [] Have you ever been terminated or asked to resign from a job? (Give Details.)

____

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____

EDUCATIONAL RECORD

High School (Last)
Name:_________________________________ City, State:_________________________
Dates Attended, From: mo./yr.________________To: mo./yr. ________________________
Did you graduate____Yes____No
If no, do you have a general education diploma (GED) or a high school equivalency?
___Yes____No State:_______________________Year: ______________

College
Name:__________________________________City, State:__________________________
Dates Attended, From: mo./yr.________________To: mo./yr. ______________________
Course of Study: ____
Degree Received:_Yes_No
If no, how many credits do you need to complete?____________

College
Name:__________________________________City, State:__________________________
Dates Attended, From: mo./yr.__________________To: mo./yr. _____________________
Course of Study: ____
Degree Received:_Yes_No
If no, how many credits do you need to complete?__________________________________

Basic Law Enforcement Academy
Name:__________________________________City, State:__________________________
Dates Attended, From: mo./yr.__________________To: mo./yr. _____________________
Type of Certificate: ____
Did you take/pass the Florida State Exam?_Yes_No

Other Significant Training
Name:__________________________________City, State:__________________________
Dates Attended, From: mo./yr.__________________To: mo./yr. _____________________
Course of Study: ____
Explain in Detail: ____

Honors & Awards:____
Professional Affiliations:____

RESIDENCES

List chronologically all of your residences for the past ten years, beginning with the most recent. Include addresses while attending school, if away from home, and all military addresses, including any off-military base.

You must reside within a 30 miles radius of the Edgewood Police Department

Dates *(Month/Year)*

From	To	Street Address	City	Co.	State

REFERENCES

List three personal references who are friends or coworkers that you have known for at least five (5) years. Do not list relatives or neighbors. You must give complete information on each reference.

Name:
Relationship: Occupation:
Address: City: State:____ Zip:
Home Phone: ( ) Work Phone: ( )

Name:
Relationship: Occupation:
Address: City: State: Zip:
Home Phone: ( ) Work Phone: ( )

Name:
Relationship: Occupation:
Address: City: State: Zip:
Home Phone: ( )____________________Work Phone: ( )

LANDLORD: If you currently reside in an apartment or rental home, list landlord below.

Name:_____________________
Address (*Street, City, State, Zip*):

DRIVING HISTORY

1. Yes [] No [] Do you possess a valid driver's license?

Type/Class: ____ CDL? Yes [] No []

License Number: _______________ State: _________

2. Yes [] No [] Have you ever had a driver's license suspended or revoked? (List all details, date, state.)

____

____

____

3. Yes [] No [] Was your license restored?

Date: _______________

4. Yes [] No [] Have you ever had a driver's license in another state? (If Yes, please list and provide a copy of the driving record)

____

____

____

5. Yes [] No [] Have you in the last 3 years received a traffic citation, other than parking? If yes, complete below section:

City/County/State	Issuing Agency	Date	Charge	Disposition

UNITED STATES MILITARY RECORD

___Yes____No Have you ever been a member of the United States Armed Forces? If yes, please complete the portion below and the following page.

___Yes____No Have you ever been disciplined or received an Article 15 while in the military? *(List each discipline, dates and outcome.)*

____
____
____
____
____
____

Branch:________________________Active Service From:_______________To:
Highest Rank:______________________Type of Discharge: _____________________
Reserve/National Guard Status: ____Active ____Inactive Dates From:___________To:
Military Specialization/Duties: ____

VETERAN'S PREFERENCE: If you are claiming Veteran's Preference, check the appropriate block. Documentation substantiating your claim must be furnished at the time of application.

____1. A veteran with a compensable service-connected disability 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, OR
____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, OR
____3. A veteran of any war who has served on active duty of 181 consecutive days or more, or who has served 180 consecutive days or more since January 1, 1955, and who was discharged or separated therefrom with an honorable discharge from the Armed Forces of the U.S.A. if any part of such activity was performed during a wartime era. Active duty for training is not allowable, OR
____4. The un- remarried widow or widower of a veteran who died of a service-connected disability.

Have you claimed and been employed through Veteran's Preference since October 1, 1987?
___Yes____No If yes, give the name of the Employer: ________________________

NOTE: *Under Florida law, preference in appointment and employment shall be given, by the State and its political divisions, first to those persons included in 1 and 2 above, and second to those persons included under 3 and 4 above. If any applicant claiming Veteran's Preference for a vacant position is not selected for the position, they may file a complaint with the Division of Veterans Affairs, P.O. Box 1437, St. Petersburg, FL 33731-1437. A complaint shall be filed within 21 days after notice of a hiring decision. If a notice of a hiring decision is not given, a complaint may be filed at any time*

CERTIFICATION OF INFORMATION

Please read and sign in the presence of a Notary.

I certify that the information contained in this application is correct and complete to the best of my knowledge. I agree to inform the agency in writing of any additional information relating to questions raised on the application which occur after completing the application. I realize that misrepresentation of facts or the failure to include or update information may be cause for rejection or dismissal after employment. I understand that each application will be given consideration, but its receipt does not imply that the candidate will be employed. The offer of employment is conditional upon my satisfactory completion of all pre-placement procedures, which includes the following: applications, initial interview, background investigation, and any other testing that the Edgewood Police Department deems necessary. If made an offer of conditional employment, a medical pre-placement evaluation, drug test, truth verification exam will be completed to determine my suitability for the job. As part of my processing form, employment with the Edgewood Police Department, I may incur some expenses for background checks, medical tests, etc. I understand that I will not be reimbursed for these extra expenses whether employed or not. I also realize that this process may be lengthy and that no promises or commitments are expected as to a time when a hiring decision and/or actual employment may take place.

Should I be employed by the Edgewood Police Department, I understand and accept that I must successfully complete a probationary period. As a probationary employee, I understand that I may be discharged at-will with no entitlement to any right to discharge me for any or no reason.

I acknowledge that I have read and understand the above statement and the conditions of processing for employment.

Name:________________________________ Social Security Number: ________________________

Signature:____

Applicant will sign in ink on this line in the presence of a Notary Public.

THIS IS NOT AN EMPLOYMENT CONTRACT OR OFFER OF EMPLOYMENT.

I confirm that I do have the ability to perform all job-essential duties with or without reasonable accommodation. I understand that I must comply with the conditions outlined in this application package to be considered for employment. I also understand that the information contained in this application package is subject to change by the Edgewood Police Department or the City of Edgewood and that the requirements contained in this application package may not be all of the requirements necessary for successfully obtaining the position for which I have applied.

______________________________________ ______________________________

Signature of Applicant Date

POLICIES AND STANDARDS

Please read and sign.

EQUAL OPPORTUNITY EMPLOYER: The Edgewood Police Department does not discriminate on the basis of race, religion, color, sex, national origin, veteran status, political affiliation, marital status, disability, or other factors that are not considered bonafide occupational qualifications identified by job analyses. This policy covers all areas of employment, including, but not limited to, recruitment, selection, placement, training, promotion, transfer, discipline, layoff, termination, wages, benefits, performance appraisals, and work conditions.

The Department strongly encourages minorities and women to apply for positions within the Edgewood Police Department, and active recruiting efforts will be directed toward that end. The selection process will use only those components that measure behaviors, knowledge, skills, and abilities which are demonstrated to be job-related.

SIGNIFICANT JOB REQUIREMENTS: As an employee with the Edgewood Police Department, you may be required to work any hour of the day with weekends off. You will be required to maintain proficiency in the use of any equipment related to your job classification. You will be required to work with and for persons of differing race, sex, religious affiliation, age group, and physical disability.

POLICY STATEMENT: It is the policy of the Edgewood Police Department to recruit qualified individuals who will make the best candidate from all segments of the workforce. In pursuing this goal, a background investigation of each candidate is conducted with respect to factors that may have a bearing upon the applicant's job performance or which measure job capability. It is impossible to state all relevant and material factors necessary for a complete background investigation. In each case, the agency will consider whether the candidate's background makes him/her the best suited candidate for employment. The circumstances underlying any negative findings will be considered as they relate to the candidate's ability to perform the particular job for which he/she is applying.

DRUG FREE WORKPLACE: In accordance with the requirements set forth in Florida State Statues 440.101 and 440.102, as well as in accordance with Rule 38F-9, established by the Florida Department of Labor and Employment Security, Division of Worker's Compensation, the City of Edgewood adheres to a "Drug Free Workplace Policy". It is a condition of employment with the City of Edgewood to refrain from reporting to work or working with the presence of drugs or alcohol in his/her body.

The City of Edgewood sees substance abuse as a serious threat to both employees and its customers, the general public. Violation of this policy may subject the employee to disciplinary procedures up to and including termination.

FELONY/MISDEMEANOR CONVICTIONS: Any individual convicted of a felony shall be ineligible for appointment to the Edgewood Police Department. A felony is defined by Florida law as any offense for which a person may receive one year of confinement in a state or federal institution. Additionally, any misdemeanor crime shall be a preclusion if it involved moral character, false statement, or perjury.

With respect to all other criminal convictions which are not felonies, in each case the agency will consider whether the prior criminal conviction or military offense conviction will have a bearing on the applicants' qualifications or suitability for the job for which he/she is applying. The date and nature of the offense, the requirements of the position sought, as well as other qualifications, will be evaluated.

PUBLIC RECORDS: During the selection and placement process, it will be necessary to inform the appropriate persons participating in the selection process of your record. Pursuant to Florida Statute 119, the Public Records Act, documents made or received by the Edgewood Police Department in the course of processing the application may be public record and open for inspection by the public. Some records, such as examination questions and answers and medical documentation are not public records and may not be disclosed. Medical documentation may only be released with the written consent of the applicant.

RE-APPLICATION: The Edgewood Police Department allows for reapplication, retesting, and reevaluation of candidates not selected for employment. This does not include candidates whose history indicates unfitness for duty; candidates who were untruthful during the initial application process; candidates who were not selected due to not fulfilling state mandated requirements. Applicants must wait until the next hiring cycle, provided that a vacancy exists at that time, and must go through the entire testing/evaluation process with each reapplication.

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: Edgewood Police Department

ADDRESS: 5565 S. Orange Avenue, Edgewood, FL 32809

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______________________