

OFFICE OF THE STATE ATTORNEY  
TWENTIETH JUDICIAL CIRCUIT



AMIRA D. FOX  
STATE ATTORNEY

**BACKGROUND  
INVESTIGATION  
WAIVER**

APPLICANT'S NAME: \_\_\_\_\_  
DATE OF BIRTH: (MM/DD/YYYY) \_\_\_\_\_  
SOCIAL SECURITY NUMBER: \_\_\_\_\_

Having made application to the State Attorney's Office 20<sup>th</sup> Judicial Circuit, PO Box 399, Fort Myers, FL 33902 within the state of Florida, I hereby authorize for one year, from the date of execution hereof, any authorized representative of the State Attorney's Office 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.

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 the State Attorney's Office in fulfilling official responsibilities, which may include sharing the records or information with other criminal justice agencies, 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: State Attorney's Office 20<sup>th</sup> Judicial Circuit Florida.

*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: \_\_\_\_\_

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me, by means of ☐ physical presence or ☐ online notarization, this: \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by applicant: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public – State of \_\_\_\_\_  
Print, Type, or Stamp Commissioned name of Notary Public

Personally Known ☐ OR Produced Identification ☐ Type of Identification Produced: \_\_\_\_\_

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<b>Background Supplement – Print Clearly</b>		
<b>Personal History - Section #1</b>		
<b>Print full name as shown on your Social Security Card</b>		
Last:	First	Middle
Current Address, (Street, Apt#, City, State, Zip) [Legal applicants please include campus address]		
Previous Addresses if current is less than 12 months (Street, Apt#, City, State, Zip, Please include mm/dd/yyyy):		
		From: To:
		From: To:
		From: To:
Have you ever used or gone by any other name or alias? Yes _____ No _____		
Maiden Name:	From Date (mm/dd/yyyy):	To Date (mm/dd/yyyy):
Other Name Used:	From Date (mm/dd/yyyy):	To Date (mm/dd/yyyy):
Date of Birth :	Place/City :	
County	State	Country
Race: Sex : Female _____ Male _____		
Phone Number:	Social Security:	
Current Driver's License #	State DL Issued:	
Have you ever been issued a Driver's License in another state? Yes _____ No _____	If yes, where:	
<b>OTHER ADULTS IN HOUSEHOLD (18 YEARS OR OLDER)</b>		
Full Name:	Date of Birth:	
SSN:	Race: _____ Female _____ Male _____	
Full Name:	Date of Birth:	
SSN:	Race: _____ Female _____ Male _____	
Full Name:	Date of Birth:	
SSN:	Race: _____ Female _____ Male _____	
List all email addresses used in the last 10 Years		



***Employment History - Section #2***

Have you ever been dismissed or asked to resign from any employment or position you have held, or have you quit any job after being told you would be fired? **If yes, please provide details.**

\_\_\_\_\_ Yes \_\_\_\_\_ No

**Employer's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Reason:** \_\_\_\_\_

Have you left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance? **If yes, please provide details.**

\_\_\_\_\_ Yes \_\_\_\_\_ No

**Employer's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Reason:** \_\_\_\_\_

Have you left a job for other reasons under unfavorable circumstances? **If yes, please provide details.**

\_\_\_\_\_ Yes \_\_\_\_\_ No

**Employer's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Reason:** \_\_\_\_\_

Have you ever had any disciplinary action taken against you by an employer or in any position you have held? **If yes, please provide details.**

\_\_\_\_\_ Yes \_\_\_\_\_ No

**Employer's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Action and Reason:** \_\_\_\_\_

Do you own a business or are you a partner/corporate officer in any business or organization not listed above as a current or former employer? **If yes, please provide details.**

\_\_\_\_\_ Yes \_\_\_\_\_ No

**Business name and address:** \_\_\_\_\_

\_\_\_\_\_



***Arrest History/Court Record – Section #3***

1. Have you ever been arrested, received a notice or summons to appear, charged, convicted, pled nolo contendere or pled guilty to any criminal violation, regardless if the record was sealed or expunged?

\_\_\_\_\_ Yes \_\_\_\_\_ No      Explain: \_\_\_\_\_

2. Have you ever been cited for a criminal traffic violation?

\_\_\_\_\_ Yes \_\_\_\_\_ No      Explain: \_\_\_\_\_

3. If yes to question #1 or #2 list all such matters even if you were not formally charged or required to appear in court, were found not guilty, or the matter was settled by payment of fine or forfeiture of collateral, or pre-trial diversion. (Include your juvenile record and records of arrests which have been sealed, if any.)

Date	Charge	Court & Place	Disposition

**Provide details of all criminal arrests listed above; use back of page if you need additional space.**

4. Have you been detained by any law enforcement officer for investigative purposes or to your knowledge have you ever been the subject of or a suspect in any criminal investigation?

\_\_\_\_\_ Yes \_\_\_\_\_ No      Explain: \_\_\_\_\_

5. Have you ever been a plaintiff or defendant in a court action (include any liens, lawsuits, bankruptcy, domestic violence injunction, etc.)?

\_\_\_\_\_ Yes \_\_\_\_\_ No      Explain: \_\_\_\_\_

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Applicant Signature** (No Digital Signatures)

\_\_\_\_\_  
**Date**