



EXEMPTION FROM PUBLIC RECORD DISCLOSURE

ARE YOU A CURRENT OR FORMER LAW ENFORCEMENT OFFICER, OTHER EMPLOYEE* OR THE SPOUSE OR CHILD, WHO IS EXEMPT FROM PUBLIC RECORD DISCLOSURE UNDER 119.07, FLORIDA STATUTES? ☐ Yes ☐ No

*Other covered jobs include: correctional and correctional probation officer, firefighter, certain judges, assistant state attorneys, state attorneys, assistant and state wide prosecutors, personnel of the Department of Revenue or local government whose responsibilities include revenue collection and enforcement or child support enforcement, and certain investigators in the Department of Children and Families [119.07.F.S.]

IF YOU ARE UNCERTAIN HOW TO ANSWER ANY OF THE FOLLOWING QUESTIONS, PLEASE VERIFY YOUR ANSWER BEFORE COMPLETING AND SIGNING THIS FORM.

BACKGROUND INFORMATION

SOCIAL SECURITY #:

HAVE YOU EVER PLED GUILTY OR BEEN CONVICTED OF A FELONY OR MISDEMEANOR?

☐ Yes ☐ No If "YES," what charges?

Where convicted? _____ Date: _____

HAVE YOU EVER PLED "NOLO CONTENDERE," NO CONTEST OR ENTERED A SIMILAR DISPOSITION TO A CRIME WHICH IS A FELONY OR A MISDEMEANOR? ☐ Yes ☐ No if "YES", what charges?

Where convicted? _____ Date: _____

HAVE YOU EVER BEEN PLACED ON PROBATION, ENROLLED IN A TRIAL DIVERSION PROGRAM, HAD PROSECUTION DEFERRED OR HAD THE ADJUDICATION OF GUILT FOR A CRIME WHICH IS A FELONY OR A MISDEMEANOR? ☐ Yes ☐ No If "YES," what charges?

Where convicted? _____ Date: _____

Note: A "YES" answer to these questions will not automatically bar you from consideration. The nature, job-relatedness, severity and date of the offense in relation to the position for which you are applying are considered. Failure to answer truthfully will be grounds to refuse or terminate employment.

AUTHORIZATION AND CERTIFICATION

I am aware that any omission, falsifications, mistreatments, or misrepresentation to this employment Application may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized employees of Florida Atlantic University for employment purposes. This consent shall continue to be effective during my employment if I am hired. I understand that applications submitted for employment are public records as exempted above. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachment are true, correct, complete, and made in good faith.

Signature: _____ Date: _____

Equal Opportunity/Equal Access Institution