



# OFFICE OF THE ATTORNEY GENERAL

## ADDENDUM TO APPLICATION FOR APPOINTMENT

The Office of the Attorney General is a criminal justice agency within the definition of §943.045, Fla. Stat. Employees/officers must report adult criminal history information regardless of whether such record has been sealed or expunged.

**PLEASE PRINT, and please complete the following in ink and attach additional sheets if needed.**

**Section 1. If the answer is "no" to both questions (A and B), check the "no" boxes and go to Section 2.**

A. Have you ever been arrested for a crime or charged with committing a crime that is a felony or a misdemeanor? Yes \_\_\_\_\_ No \_\_\_\_\_

B. Have you ever had criminal charges against you dropped or dismissed, or have you ever participated in a pretrial intervention program? Yes \_\_\_\_\_ No \_\_\_\_\_  
If "yes," to what charge(s)?

Where \_\_\_\_\_ Date of arrest/charge: \_\_\_\_\_

Plea: \_\_\_\_\_ Final Disposition: \_\_\_\_\_

Was this the only time you have been arrested? Yes \_\_\_\_\_ No \_\_\_\_\_ **If no, attach additional sheets to provide the requested information.**

**Section 2. If the answer is "no," check the "no" box and go to Section 3.**

Have you ever been convicted of a felony or a misdemeanor? Yes \_\_\_\_\_ No \_\_\_\_\_  
If "yes," to what charge(s)?

Plea: \_\_\_\_\_ What was the sentence? \_\_\_\_\_

Where convicted? \_\_\_\_\_

Date of conviction: \_\_\_\_\_

Was this the only time you have been convicted? Yes \_\_\_\_\_ No \_\_\_\_\_ **If no, attach additional sheets to provide the requested information.**

**Section 3. If the answer is "no," check the "no" box and go to Section 4.**

Have you ever pled Nolo Contendere or guilty or had adjudication of guilt withheld for a crime which is a felony or misdemeanor? Yes \_\_\_\_\_ No \_\_\_\_\_  
If "yes," to what charge(s)?

What was the sentence? \_\_\_\_\_

Where convicted? \_\_\_\_\_

Date of conviction: \_\_\_\_\_

Was this the only time you have pled Nolo Contendere, guilty or had adjudication of guilt withheld? Yes \_\_\_\_\_ No \_\_\_\_\_ **If no, attach additional sheets to provide the requested information.**

**NOTE: A "Yes" answer to these questions will not necessarily bar you from employment. The nature, severity, and date of the offense/arrest in relation to the position to which you are appointed will be considered.**

**Section 4. Print your name in the space provided on line1, then sign and date the bottom of this form.**

I, \_\_\_\_\_, as a condition of employment, hereby authorize the Office of the Attorney General to request the Florida Department of Law Enforcement conduct a background check. I am aware that any omissions, falsifications, misstatements, or misrepresentations above may be grounds for disqualification for employment or, if employed, for disciplinary action, up to and including dismissal. Additionally, I understand that, if employed, I must disclose to my immediate supervisor any future arrests and/or convictions or adjudication of guilt withheld which may occur during my tenure with the department, and that failure to do so may result in disciplinary action, up to and including dismissal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date