Print Form

Police Applicant Screening Service

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Phone: 727-864-3822
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File #_____

Office Hours: 8:00-4:30
Monday through Friday

Equivalency of Training (EOT) Evaluation Application

Please read the accompanying two pages of instructions before you complete this application. You must also attach FDLE Form CJSTC 58 "Authority For Release of Information" and a money order for the fee.

(1) Personal information of the person who is applying:

Social Security Number: _____ Last Name: _____ Suffix

First Name: _____ Middle Name: _____ Race

Date of Birth: Gender Month Day Year

College (check off if completed): ☐ -AS/AA ☐ -BS/BA ☐ -MS/MA ☐ -PhD

Address: _____ City: _____

State: _____ Zip: _____ Home Phone: _____

Business Phone: _____ Cell Phone: _____

E-mail Address: _____

(2) Please check one. I am seeking Equivalency of Training status as a:

☐ Law Enforcement Officer ☐ Correctional Officer

(3) My qualifying full-time employment as a law enforcement or correctional officer, which ended no more than 8-years prior to this application, can be verified at the following address:

A. **Full Agency Name:** _____

Agency Address: _____

City _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

I was employed from

Month Day Year **to:** Month Day Year **as** Position: _____

If a second employer must be used to establish a cumulative one-year of full-time employment within an eighteen-month period, please complete the following:

B. **Full Agency Name:** _____

Agency Address: _____

City _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

I was employed from

Month Day Year **to:** Month Day Year **as** Position: _____

(4) The basic training that establishes my qualifications for this application may be verified at:

A. **Full name of training institution:** _____

Address: _____

City _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Course Title: _____

Date Attended:

_____ _____ _____ **to:** _____ _____ _____ Class Number (If applicable): _____

Month Day Year Month Day Year

B. **Full name of training institution:** _____

Address: _____

City _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Course Title: _____

Date Attended:

_____ _____ _____ **to:** _____ _____ _____ Class Number (If applicable): _____

Month Day Year Month Day Year

(5) Have you ever applied for Equivalency of Training anywhere else in Florida?

☐ -No ☐ -Yes **If yes name agency to which you applied:** _____

(6) APPLICANT'S SIGNATURE AND ACKNOWLEDGEMENTS

I, the undersigned, hereby swear to affirm the following:

(1) All the information I have provided in this application is true and correct. I am claiming eligibility for the Equivalency of Training path to certification as a law enforcement or correctional officer in Florida because I meet all the basic training and full-time employment requirements. I understand that an investigator will verify the information in this application and that any omission or falsification of a material fact will result in rejection of the application, and may prevent my future certification or employment as a law enforcement or correctional officer in Florida.

(2) I understand that I must acknowledge receipt of the CJSTC-76 form in writing within 14 days of receiving it or it will be cancelled and may not be re-issued without an additional fee. I further understand that I will have one year from the date of that acknowledged receipt to complete the training and pass the State Officer Certification Examination (SOCE).

(3) I understand that SOCE is the same test given to cadets who have graduated from a full police academy using scenario based training techniques over approximately seventeen weeks of full-time instruction. This means I will have to select a training center that will help me prepare or independently study the full curriculum in order to pass this test.

(4) I understand that there are other legal requirements in Florida Statutes the Florida Administrative Code, related to proficiency demonstration, examination, citizenship, high school education, criminal history, character of military discharge, and moral character, etc., which must be established in a full background investigation by a hiring agency prior to my certification or employment as a law enforcement or correctional officer in Florida. or employment or correctional officer in Florida.

_____

(Signature of Applicant)

AFFIDAVIT

State of_____ County of_____

Before me personally appeared_____who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Sworn to and subscribed before me this_____day of_____,200___. My commision expires on _____, 20____.

_____

Personally Known _____-OR- Produced the following identification:_____ Notary Public