

Police Applicant Screening Service

File # _____

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Monday through Friday

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Equivalency of Training (EOT) Verification 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: _____

First Name: _____ Middle Name: _____ Last Name: _____ Suffix: _____

Date of Birth: _____

College (check off if completed): _____

Race _____

Gender _____ Month _____ Day _____ Year _____

 -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

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:

(3) A. Full Agency Name: _____

Agency Address: _____

City _____

State: _____

Zip: _____

Telephone: _____

Fax: _____

E-mail Address: _____

Name of Contact: _____

I was employed from _____

to: _____

as _____

Month _____ Day _____ Year _____

Month _____ Day _____ Year _____

Position: _____

B. 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:**Full Agency Name:** _____

Agency Address: _____

City _____

State: _____

Zip: _____

Telephone: _____

Fax: _____

E-mail Address: _____

Name of Contact: _____

I was employed from _____

to: _____

as _____

Month _____ Day _____ Year _____

Month _____ Day _____ Year _____

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: _____

E-mail Address: _____

Name of Contact: _____

Course Title: _____

Date Attended: _____

Month

Day

Year

to: _____

Month

Day

Year

Class Number

(If applicable): _____

B. Full name of training institution: _____

Address: _____

City _____

State: _____

Zip: _____

Telephone: _____

Fax: _____

E-mail Address: _____

Name of Contact: _____

Course Title: _____

Date Attended: _____

Month

Day

Year

to: _____

Month

Day

Year

Class Number

(If applicable): _____

(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 or 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, and the rules established by the Florida Criminal Justice Standards and Training Commission(CJSTC), 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.

(Signature of Applicant)

State of _____ County of _____ AFFIDAVIT

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 _____, 201____. My commission expires on _____, 20____.

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