



SECURITY OFFICER TRAINING PROGRAM APPLICATION PACKET

Please read all information in this packet very carefully. An incomplete application will not be considered.

All questions must be answered. If a question does not pertain to you, indicate so by writing N/A in the space.

Your Affidavit of Applicant must be signed in the presence of a notary public. Failure to do so will disqualify your application from consideration.

This application packet is due one week prior to the start date of the student's first course. Please visit http://www.cf.edu/departments/instruction/public_service/cji or call 352-873-5838 for updated schedules and courses.

The required Health Certificate and the background screening for the Class G Armed Security Officer Training is only good for six months.

Once you have completed the packet, please submit to the Criminal Justice Institute. The Criminal Justice Institute is located in Building 31 at the Ocala Campus. The packet will be reviewed to make sure it is complete. You will be notified of your application status within two business days via the contact information you provide on the enrollment form.

Prior to spending any money on the health screen or background, it is strongly recommended that you check with the coordinator first to be sure the class has enough enrollments to run. Call 873-5838 to verify enrollment.

APPLICANT CHECK LIST

Please check your application including all forms to assure that all questions have been completely answered and all forms signed.

Please retain copies for your future use. Copy services are available in the Printshop, Building 35, Room 102.

- Course Enrollment Form
- Affidavit of Applicant (requires notarization)
- Release and Waiver

Class G Armed Security Officer Training applicants must also:

- Take the Health Certificate form to a licensed health care provider (M.D., D.O., P.A. or ARNP) and have the form completed and signed by the health care provider.
- Health Certificate for Class G Armed Security Officer Training Program (includes all supporting documentation)
- Obtain a criminal background check through the Criminal Justice Institute (Building 31 at the Ocala Campus). See page 5 for instructions.

The Criminal Background Check form should be submitted separately to the Criminal Justice Institute for processing. All applicants must pay the \$55 fee at the Cashiers Office in the Bryant Student Union prior to getting the background check. NOTE: It is the applicant's responsibility to submit the licensing application to the Department of Agriculture and Consumer Services Division of Licensing. The college will provide the applicant with a blank licensing application, but will not submit the completed application for licensure. The Criminal Background Check is not included in the cost of the course.

Should you have any questions about your personal conviction history, contact the Department of Agriculture and Consumer Services Division of Licensing at 850-245-5500.

After being fingerprinted by the Criminal Justice Institute, the applicant will be provided with a receipt confirming that the screening process has been done. This screening does not waive the background screening, which is part of the licensing process with the Department of Agriculture and Consumer Services Division of Licensing.

ADMISSION CRITERIA

To apply for the Security Officer Training Program, each applicant must:

- Be at least 18 years of age for Class D Unarmed Security Officer Program.
- Be a citizen or legal resident alien of the United States.
- Not have been convicted of any felony or of a misdemeanor involving perjury or false statement.¹
- Not have been dishonorably discharged from the military (if applicable).
- Be of good moral character.²
- Have no outstanding financial obligations to the College of Central Florida.

¹ Florida Statute Chapter 790.23 prohibits the possession of a firearm or ammunition by a person who as a juvenile was found to have committed a delinquent act that would be a felony if committed by an adult until the person is 24 years of age. Therefore, any applicant who meets the criteria would not be eligible to attend a basic recruit academy until they are 24 years of age.

² The perpetration by an individual of any act or acts, whether criminally prosecuted or not, listed in Rule 11B-27.0011(4b) would preclude admission to the Security Officer Training Program.

Class G Armed Security Officer Program applicants must also:

- Be at least 21 years of age for the Class G Armed Security Officer Program.
- Have a completed Level II background check for the Class G Armed Security Officer course.
- Have passed a physical examination by a health care provider (M.D., D.O., ARNP or a physician's assistant within six months of the start of class) for the Class G Armed Security Officer course.

The 2010 Florida Statutes (including Special Session A)

Title XXXII Regulation of Professions and Occupations

Chapter 493

Private Investigative, Private Security and Repossession Services

493.6106 License requirements; posting.—

(1) Each individual licensed by the department must:

- (a) Be at least 18 years of age.
- (b) Be of good moral character.
- (c) Not have been adjudicated incapacitated under s. 744.331 or a similar statute in another state, unless her or his capacity has been judicially restored; not have been involuntarily placed in a treatment facility for the mentally ill under chapter 394 or a similar statute in any other state, unless her or his competency has been judicially restored; and not have been diagnosed as having an incapacitating mental illness, unless a psychologist or psychiatrist licensed in this state certifies that she or he does not currently suffer from the mental illness.
- (d) Not be a chronic and habitual user of alcoholic beverages to the extent that her or his normal faculties are impaired; not have been committed under chapter 397, former chapter 396, or a similar law in any other state; not have been found to be a habitual offender under

AFFIDAVIT OF APPLICANT

Legal Name: _____
Last First Middle (complete) Jr., etc.

Social Security Number: _____

Please read carefully before signing.

I fully understand that, in order to qualify for entrance in the Security Officer Training Program, I must fully comply with the provisions of Section 493, Florida Statutes, as follows:

1. Be at least 18 years of age for Class D Unarmed Security Officer Program and 21 for the Class G Armed Security Officer Program.
2. Be a citizen or legal resident alien of the United States.
3. Not have been convicted of any felony or of a misdemeanor involving perjury or false statement, not have received a dishonorable or undesirable discharge from any of the Armed Forces of the United States. Any person who, after July 1, 1981, pleads guilty or nolo contendere to or is found guilty of a felony or of a misdemeanor involving perjury or a false statement shall not be eligible for employment or appointment as an officer, notwithstanding suspension of sentence or withholding of adjudication.¹
4. Not be a chronic and habitual user of alcoholic beverages to the extent that her or his normal faculties are impaired; not have been committed under chapter 397, former chapter 396, or a similar law in any other state; not have been found to be a habitual offender under s. 856.011(3) or a similar law in any other state; and not have had two or more convictions under s. 316.193 or a similar law in any other state within the three-year period immediately preceding the date the application was filed, unless the individual establishes that she or he is not currently impaired and has successfully completed a rehabilitation course.
5. Not have been committed for controlled substance abuse or have been found guilty of a crime under chapter 893 or a similar law relating to controlled substances in any other state within a three-year period immediately preceding the date the application was filed, unless the individual establishes that she or he is not currently abusing any controlled substance and has successfully completed a rehabilitation course.
6. Not have been adjudicated incapacitated under s. 744.331 or a similar statute in another state, unless her or his capacity has been judicially restored; not have been involuntarily placed in a treatment facility for the mentally ill under chapter 394 or a similar statute in any other state, unless her or his competency has been judicially restored; and not have been diagnosed as having an incapacitating mental illness, unless a psychologist or psychiatrist licensed in this state certifies that she or he does not currently suffer from the mental illness.
7. Have been fingerprinted by institute investigator (will be completed during packet review).
8. Have passed a physical examination by a health care provider (M.D., D.O., ARNP or a physician's assistant within six months of the start of class) for the Class G Armed Security Officer Program.
9. Be of good moral character.²

¹ Florida State Statute Chapter 790.23 prohibits the possession of a firearm or ammunition by a person who as a juvenile was found to have committed a delinquent act that would be a felony if committed by an adult until the person is 24 years of age. Therefore, any applicant who meets the criteria would not be eligible to attend a basic recruit academy until they are 24 years of age.

2. The perpetration by an individual of any act or acts, whether criminally prosecuted or not, listed in Rule 11B-27.0011(4b) would preclude admission to any Institute program.

I further understand that by executing this document I am attesting that I have met the qualifications as specified. I have read the admission requirements and all information (verbal/written) that I will furnish in conjunction with my application is true, complete and correct.

NOTICE: This document shall constitute an official statement within the purview of Section 837.06 Florida Statutes, and is subject to verification by the Criminal Justice Institute and the Department of Agriculture and Consumer Services Division of Licensing. Any intentional omission when submitting forms or false execution of this affidavit shall constitute a misdemeanor of the second degree and disqualify you from entering/continuing the Security Officer Training Program or constitute reason for your arrest.

Signature of Applicant

Date: MM/DD/YY

Witness, my hand and official seal, this _____ day of _____ 20 _____

Notary Public

My commission expires

RELEASE AND WAIVER

To Whom It May Concern:

I hereby authorize any officer or other authorized representative of the College of Central Florida bearing this release, or a copy of it, within one year of its date, to obtain information in your files pertaining to my employment, credit or educational records including, but not limited to, academic, achievement, attendance, athletic, personal history, performance report, background investigations, polygraph examination results, any and all internal affairs investigations and disciplinary records, and credit records.

I also hereby authorize any officer or other authorized representative of the College of Central Florida bearing this release, or a copy of it, within one year of its date, to obtain any medical records or medical information in the files of my current or former employer(s) or any current or former physician(s), or both, which pertain to my employment.

I hereby direct you to release this information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official responsibilities.

Consent is granted for the College of Central Florida to furnish the information described above to their parties in the course of fulfilling its official responsibilities.

I hereby release you, as the custodian of such records, and any school, college, university, or other educational institution, hospital or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including collectively, from any and all liability for damage 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. Should there be any questions as to the validity of this release, you may contact me as indicated below.

I understand that I have the right to receive a copy of this authorization and acknowledgment that I have received a copy of it.

Legal Name: _____
Last First Middle (complete) Jr., etc.

Social Security Number: _____

Mailing Address: _____
Street/P.O. Box City State Zip Code

Day Telephone: _____

Night Telephone: _____

Signature

Date: MM/DD/YY

Witness (Signature to be witnessed by CJI Staff Member)



COLLEGE OF CENTRAL FLORIDA NOTIFICATION OF SOCIAL SECURITY NUMBER COLLECTION, USAGE AND RELEASE

Florida Statute 119.071(5) and Sections 483 and 484 of the Higher Education Act of 1965 authorize the collection, usage and release of your Social Security number by the College of Central Florida.

CF collects, uses and releases your Social Security number only if specifically authorized by law to do so or when it is imperative for the performance of its duties and responsibilities as prescribed by law. To protect your identity, the college will secure your Social Security number from unauthorized access, strictly prohibit the release of your Social Security number to unauthorized parties in compliance with to state and federal law, and assign a unique CF Identification number. This identification number will be used for all associated employment and educational purposes at CF. Specifically, CF collects, uses or releases a Social Security number for the following purposes:

- **Admissions**

Federal legislation relating to the Hope Tax Credit requires that all postsecondary institutions report student Social Security numbers to the Internal Revenue Service. This IRS requirement makes it necessary for CF to collect the Social Security number of every student. A student may refuse to disclose their Social Security number to CF, but the IRS is then authorized to fine the student in the amount of \$50. In addition to the federal reporting requirements, the public school system in Florida uses Social Security numbers as a student identifier (section 229.559, Florida Statutes-new school code section 1008.386). In a seamless K-20 system, it is beneficial for postsecondary institutions to have access to the same information for purposes of tracking and assisting students in the smooth transition from one education level to the next. All Social Security numbers are protected by federal regulation under the Family Educational Rights and Privacy Act.

- **Continuing Education, Corporate Training**

Under Florida education reporting requirements students who enroll in Continuing Education and Corporate Training seminars are required to submit their Social Security number.

- **Financial Aid**

The Office of Financial Aid at CF requires students and parents of dependent students to submit their Social Security number on various forms in order to correctly identify applicants, match each applicant's financial aid application information and data with the institution's records, and to help coordinate state aid programs with federal and institutional aid programs.

- **Human Resources**

The Social Security number is used for legitimate business purposes for completing, processing or distributing the following: Employment Application Forms; Federal I-9 (Department of Homeland Security); Federal W4, W2, 1099 (Internal Revenue Service); Federal Social Security taxes (FICA); Federal W2 (Internal Revenue Service); Unemployment Insurance (Florida Department of Revenue); Florida Retirement System (Florida Department of Revenue); Workers Compensation Claims (FCSRMC and Department of Labor); Federal and State Employee and Educational Reports; Direct Deposit Files (Bank of America, ACH); 403b and 457b contribution reports; group health, life and dental coverage; completing and processing various supplemental insurance deduction reports; background checks; and payroll documents.

- **Workforce Programs**

These programs use Social Security numbers as identifiers for program enrollment and completion. Also, it is used for entering placement information into either the One Stop Management Information System or the Employ Florida Marketplace statewide data collection and reporting system. Because these are performance based contract programs, it is required that all participants and their program related activities be recorded in the Florida state systems.

- **Miscellaneous**

The Social Security number is used for identification and verification, billings and payments, data collection, reconciliation, tracking, benefit processing and tax reporting.

- **Release Statement**

Social Security numbers may be disclosed only pursuant to Florida Statute 119.071 (6a–6h).

- **Independent Contractors**

The college collects contractors' Social Security numbers in order to file information with the Internal Revenue Service, as required and authorized by federal law.

HEALTH CERTIFICATE FOR CLASS G ARMED SECURITY OFFICER TRAINING

VALID FOR ONE YEAR FROM DATE OF PROVIDER'S SIGNATURE
can be completed by your choice of M.D., D.O., ARNP, P.A.

STUDENT

LEGAL NAME:

_____ Last

_____ First

_____ Middle (complete)

_____ Jr., etc.

IMPORTANT: YOUR PHYSICAL MUST BE COMPLETED BY A PHYSICIAN, ARNP, P.A., D.O. ALL SECTIONS ON BOTH SIDES OF THIS FORM MUST BE COMPLETED AND ANY REQUESTED INFORMATION ATTACHED.

Requirements for Security Officer Students:

Participants in Security Officer programs are required to:

- Stand unassisted for up to one hour.
- Kneel on one knee and rise without assistance several times.
- Hear commands broadcast over a public address system while wearing hearing protection.
- Apply moderate pressure to the chest of an average size adult while administering CPR.
- Run or jog short distances without becoming winded.
- Possess joint structures that are able to withstand moderate force and pressure.
- Possess joint structures that are flexible and free of abnormalities.
- Possess sufficient strength and range of motion to apply handcuffs and be handcuffed in standing, kneeling and prone positions.
- Use rapid and coordinated body movement to control an adversary or defend against a physical attack.
- Move from a lying position to an upright position quickly without assistance.
- Enter and exit an automobile unassisted.
- Withstand varied environmental conditions (heat, cold, moisture).
- Maintain squatting and/or kneeling positions for up to two minutes repeatedly for 30 minutes.
- Drag an average size adult a short distance.
- Lift an average size adult up to waist level.
- Drive and occupy a vehicle for up to two hours.
- Turn head from side to side with complete range of motion.
- Quickly manipulate the steering wheel as well as the brake and accelerator pedals of a vehicle at slow, moderate and high speeds.
- Cope with anger, fear, hostility, or confrontation in a calm manner.
- Concentrate.
- Be flexible and self-directed.
- Problem solve.
- Demonstrate a high degree of patience.
- Communicate clearly and correctly in writing and verbally.

Students in the Armed Security Officer course will also be expected to:

- Hold a three-pound object steady at eye level and arm's length up to two minutes at a time with either hand.
- Manipulate both hands and fingers on both hands to pull the trigger of a handgun repeatedly.
- Clearly focus eyes on the sights of a handgun held at arm's length.
- See well enough to discriminate between "friend" and "foe" targets at a distance of 3 to 25 yards.

STUDENT: COMPLETE AND SIGN THE FOLLOWING. Please print or type.

Legal Name:

_____ Last

_____ First

_____ Middle (complete)

_____ Jr., etc.

Address:

_____ Street/P.O. Box

_____ City

_____ State

_____ Zip Code

Telephone:

General Health:

1. If you have ever been hospitalized, state dates and reasons (if not applicable, please write "N/A"):

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Please see reverse side.

2. Identify any past or present physical health problems, including chronic illnesses and current treatment . If treatment has been stopped, please indicate the date the treatment ended. (If not applicable, please write "**none**" in each category.)

3. Have you ever been adjudicated incapacitated under Chapter 744, F.S. or similar laws of another state? (Adjudicated incapacitated means the court has determined you are incapable of taking care of yourself.) If **YES**, please provided a certified copy of the court document restoring capacity. Yes No
4. Have you ever been involuntarily placed in a treatment facility for the mentally ill under Chapter 394, F.S., or under the authority of similar laws of another state? If **YES**, please provide a certified copy of the court document restoring competency. Yes No
5. Have you ever been diagnosed with a mental illness? If **YES**, please provide a statement from a psychiatrist or psychologist licensed in Florida attesting that you are not currently suffering from an incapacitating mental illness that precludes you from performing regulated duties of an unarmed security officer. Yes No
6. Do you currently abuse any controlled substance? Yes No
7. Do you have a history of controlled substance abuse? If **YES**, please submit evidence of successful completion of a drug rehabilitation program and three letters of reference, one of which should be from your sponsor in the rehabilitation program. Yes No
8. Do you have a history of alcohol abuse? If **YES**, please submit evidence of successful completion of an alcohol rehabilitation program and three letters of reference, one of which should be from your sponsor in the rehabilitation program. Yes No

I am aware of the physical, mental and emotional requirements listed under the Requirements for Security Officer Students section, and to the best of my knowledge, I am mentally, emotionally and physically capable of complete participation in the identified program. I certify that all of the information provided by me is accurate and complete.

Signature of Student

Date: MM/DD/YY

HEALTH CARE PROVIDER:

I am aware of the physical and emotional requirements listed under the Requirements for Security Officer Students section and, after a complete examination, I certify that this individual is physically, mentally and emotionally capable of participation in a Security Officer Training Program without limitations.

Name of provider: _____ M.D. D.O.
 ARNP P.A.

Physician or ARNP Signature

Date: MM/DD/YY

Mailing Address: _____
Street/P.O. Box City State Zip Code

Telephone: _____

NOTE: Questions concerning the requirements for participation in the program may be answered by calling the Criminal Justice Institute. **Students should keep copies of all documents submitted.**