

# BREVARD COUNTY JAIL COMPLEX



## BACKGROUND PACKAGE FOR CONTRACT EMPLOYEES AND VOLUNTEERS

### **Instructions:**

1. Read the instructions on the application carefully. All questions must be answered truthfully and to the best of your knowledge.
2. Complete the background package in full, leaving no gaps.
3. If you answer yes to any question or need to provide additional details list the question number and an explanation on a separate sheet of paper.
4. If you do not know a notary, we have notaries in the Jail Background/Reporting Unit. Bring the completed background package (in person) to the jail (Mon-Fri 8am to 5pm and we will notarize the background package for-you. (DO NOT SIGN PAPERWORK UNTIL IT IS NOTARIZED).
5. Mail or you can deliver the completed background package to:

**ATTN: Inspectional Services**  
Brevard County Jail Complex  
860 Camp Road Cocoa, FL 32927

6. Any questions please contact: **Inspectional Services at: (321) 633-0243**



**BREVARD COUNTY SHERIFF'S OFFICE  
APPLICANT BACKGROUND INFORMATION**

If you answer **YES** to any of the following questions, list the question number and a detailed explanation on a separate sheet. (Include Dates and Location)

- Yes**    **No**
12.         Do you know anyone currently incarcerated at the jail?
13.         Do you currently have any family members incarcerated at the jail?

**PERSONS RESIDING IN HOUSEHOLD**

14. List **ALL** persons that live in your household and their occupation. (If under 18, please state age)

Name	Age (If Under 18 Years of Age)	Occupation

**CRIMINAL HISTORY**

If you answer **YES** to any of the following questions, list the question number and a detailed explanation on a separate sheet. (Include dates, locations and penalties.)

- Yes**    **No**
15.         Have you ever been arrested or convicted of a crime by any court of law or police agency?

**PERSONAL INQUIRY WAIVER**

**AUTHORIZATION FOR THE RELEASE OF INFORMATION  
TO THE BREVARD COUNTY SHERIFF'S OFFICE**

I RESPECTFULLY REQUEST AND AUTHORIZE YOU TO FURNISH TO THE BREVARD COUNTY SHERIFF'S OFFICE ANY AND ALL INFORMATION YOU MAY HAVE CONCERNING ME, MY WORK RECORD, SCHOOL RECORD, CRIMINAL RECORD/HISTORY, REPUTATION, FINANCIAL AND/OR CREDIT STATUS. PLEASE INCLUDE ANY DOCUMENTATION REQUESTED AS EVIDENCE OF SUCH INFORMATION. THE INFORMATION IS TO BE USED TO ASSIST THE BREVARD COUNTY SHERIFF'S OFFICE IN DETERMINING MY QUALIFICATIONS AND FITNESS FOR EMPLOYMENT WITH THE BREVARD COUNTY SHERIFF'S OFFICE, AND/OR TO DETERMINE MY FITNESS AND ABILITY TO ENTER THE JAIL FACILITY(IES) AND/OR OFFICES OF THE BREVARD COUNTY SHERIFF'S OFFICE.

I HEREBY EXPRESSLY RELEASE YOU, YOUR ORGANIZATION, AGENTS AND EMPLOYEES FROM ANY LIABILITY OR DAMAGE WHICH MAY RESULT FROM THE FURNISHING OF THE INFORMATION REQUESTED ABOVE.

APPLICANT SIGNATURE \_\_\_\_\_

PRINTED FULL NAME \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

Florida Statute 768.095~Employer immunity from liability, disclosure of information regarding former or current employees.--An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or of the former or current employee is immune from civil liability for such disclosure or its consequences unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under Chapter 760.

STATE OF FLORIDA,  
COUNTY OF BREVARD.

Sworn to (or affirmed) and subscribed before me by means of Physical Presence  or Online Notarization , this \_\_\_\_ day of \_\_\_\_\_, 202\_\_, by \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public – State of Florida

\_\_\_\_\_  
Print, Type or Stamp Commissioned name of Notary Public

NOTARY SEAL

Personally known  OR Produced valid identification

Type of Identification produced \_\_\_\_\_.

**AFFIRMATION**

I HEREBY AFFIRM THAT THIS BACKGROUND PACKAGE CONTAINS NO MISREPRESENTATIONS, FALSIFICATIONS, OMISSIONS OR CONCEALMENT OF MATERIAL FACT AND THAT THE INFORMATION GIVEN BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM AWARE THAT THE STATEMENTS MADE BY ME ON THIS APPLICATION ARE SUBJECT TO INVESTIGATION, AND THAT SHOULD ANY INVESTIGATION DISCLOSE ANY MISREPRESENTATION, FALSIFICATION, OMISSION OR CONCEALMENT OF MATERIAL FACT, THAT I MAY BE DISCONTINUED FROM FURTHER CONSIDERATION FOR EMPLOYMENT AND/OR PERMISSION TO VOLUNTARY ENTER THE BREVARD COUNTY JAIL AND/OR OFFICES OF THE BREVARD COUNTY SHERIFF'S OFFICE OR, IF ALREADY EMPLOYED OR PERMITTED TO ENTER SAID FACILITIES, MAY BE SUBJECT TO SEPARATION ACTION AND/OR REVOKING OF SAID PERMISSION TO ENTER.

FURTHER, I UNDERSTAND THAT EXCEPT FOR EXEMPTED INFORMATION AS PROVIDED FOR IN *FLORIDA STATUTE 119*, THIS BACKGROUND PACKAGE IS PUBLIC RECORD.

SIGNATURE OF APPLICANT: \_\_\_\_\_

PRINTED FULL NAME: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

STATE OF FLORIDA,  
COUNTY OF BREVARD.

Sworn to (or affirmed) and subscribed before me by means of Physical Presence  or Online Notarization ,  
this \_\_\_\_ day of \_\_\_\_\_, 202\_\_, by \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public – State of Florida

\_\_\_\_\_  
Print, Type or Stamp Commissioned name of Notary Public

NOTARY SEAL

Personally known  OR Produced valid identification

Type of Identification produced \_\_\_\_\_.