

AFFIDAVIT OF GOOD MORAL CHARACTER

State of Florida		Cou	inty of	
Before me this day po	ersonally appeared			_ who, being duly
		(Applicant's/Employee's	s Name)	
sworn, deposes and	says:			
		nployee of, a volunteer for, o	nd attest under penal	Ity of perjury that I
meet the moral chara	cter requirements for	employment, as required by	the Florida Statutes	and rules, in that:
plea of nolo contende expunged for, any off	er or guilty to or have the second to the se	ending or found guilty of, regoeen adjudicated delinquent any of the following provising of the offenses listed below	and the record has rons of the Florida Sta	not been sealed or
	Relating to:			
Section 393.135		ertain developmentally disabled cl		
Section 394.4593		ertain mental health patients and r		
Section 415.111		xploitation of aged persons or disa		
Section 741.28		stitute domestic violence, whether	r committed in Florida or a	another jurisdiction
Section 782.04	murder			
Section 782.07	of a child	d manslaughter of an elderly perso	on or disabled adult, or ag	gravated manslaughte
Section 782.071	vehicular homicide			
Section 782.09		ild by injury to the mother		
Chapter 784		able negligence, if the offense was	s a felony	
Section 784.011	assault, if the victim of off			
Section 784.03	battery, if the victim of off	ense was a minor		
Section 787.01	kidnapping			
Section 787.02	false imprisonment			
Section 787.025	luring or enticing a child			
Section 787.04(2) Section 787.04(3)	carrying a child beyond the	ing a child beyond the state limits the state lines with criminal intent to the designated person		
Section 790.115(1)		pons within 1,000 feet of a school	1	
Section 790.115(2) (b)		eapon or device, destructive device		ool property
Section 794.011	sexual battery		υ, οι στιτοι ποαροιί στι σσι	.cc. p. cp c. ty
Former Section 794.041		in familial or custodial authority		
Section 794.05	unlawful sexual activity w			
Chapter 796	prostitution			
Section 798.02	lewd and lascivious beha	vior		
Chapter 800	lewdness and indecent ea	posure		
Section 806.01	arson			
Section 810.02	burglary			
Section 810.14	voyeurism, if the offense	s a felony		
Section 810.145	video voyeurism, if the of	ense is a felony		
Chapter 812	theft and/or robbery and	elated crimes, if a felony offense		
Section 817.563	fraudulent sale of controll	ed substances, if the offense was	a felony	
Section 825.102		, or neglect of an elderly person o		
Section 825.1025	lewd or lascivious offense	es committed upon or in the prese	nce of an elderly person o	r disabled adult
Section 825.103	exploitation of disabled a	dults or elderly persons, if the offe	nse was a felony	
Section 826.04	incest			
Section 827.03		child abuse, or neglect of a child		
Section 827.04		ency or dependency of a child		
Former Section 827.05	negligent treatment of ch			
Section 827.071	sexual performance by a			
Section 843.01	resisting arrest with viole	nce		

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Section 843.025	depriving a law enforcement, correctional, or correctional probation officer means of protection or communication
Section 843.12	aiding in an escape
Section 843.13	aiding in the escape of juvenile inmates in correctional institution
Chapter 847	obscene literature
Section 874.05(1)	encouraging or recruiting another to join a criminal gang
Chapter 893	drug abuse prevention and control only if the offense was a felony or if any other person involved in the offense was a minor
Section 916.1075	sexual misconduct with certain forensic clients and reporting of such sexual conduct
Section 944.35(3)	inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm
Section 944.40	escape
Section 944.46	harboring, concealing, or aiding an escaped prisoner
Section 944.47	introduction of contraband into a correctional facility
Section 985.701	sexual misconduct in juvenile justice programs
Section 985.711	contraband introduced into detention facilities

THE FOLLOWING APPLIES ONLY TO THOSE APPLICANTS FOR MENTAL HEALTH POSITIONS

In addition to the Chapter 435, F.S., listed offenses, the following offenses are also applicable for "Mental Health Personnel" screened pursuant to section 394.4572, F.S., defined as program directors, professional clinicians, staff members, or volunteers working in a public or private mental health program or facility who have direct contact with individuals held for examination or admitted for mental health treatment. The additional offenses apply only to "Mental Health Personnel" as determined pursuant to Section 408.809, F.S. as listed below:

	Relating to:
Chapter 408	felony offenses contained in Chapter 408
Section 408.8065(3)	offers service or skilled service without valid license when licensure is required, or knowingly files a false or misleading license or license renewal application, or submits false or misleading information related to application
Section 409.920	Medicaid provider fraud
Section 409.9201	Medicaid fraud
Section 817.034	fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems
Section 817.234	false and fraudulent insurance claims
Section 817.505	patient brokering
Section 817.568	criminal use of personal identification information
Section 817.60	obtaining a credit card through fraudulent means
Section 817.61	fraudulent use of credit cards, if the offense was a felony
Section 831.01	forgery
Section 831.02	uttering forged instruments
Section 831.07	forging bank bills, checks, drafts or promissory notes
Section 831.09	uttering forged bank bills, checks, drafts, or promissory notes
Section 831.30	fraud in obtaining medicinal drugs
Section 831.31	the sale, manufacture, delivery, or possession with the intent to sell, manufacture, deliver any counterfeit controlled substance, if the offense was a felony.

I also affirm that I have not been designated as a sexual predator pursuant to s. 775.21, F.S.; a career offender pursuant to s. 775.261 F.S.; or a sexual offender pursuant to s. 943.0435 F.S., unless the requirement to register as a sexual offender has been removed pursuant to s. 943.04354, F.S.

I understand that I must acknowledge the existence of any applicable criminal record relating to the above lists of offenses including those under any similar statute of another jurisdiction, regardless of whether or not those records have been sealed or expunged. Further, I understand that, while employed or volunteering at in any position that requires background

screening as a condition of employment, I must immediately notify my supervisor/employer of any arrest and any changes in my criminal record involving any of the above listed provisions of Florida Statutes or similar statutes of another jurisdiction whether a misdemeanor or felony. This notice must be made within one business day of such arrest or charge. Failure to do so could be grounds for termination.

I attest that I have read the above carefully and state that my attestation here is true and correct that my record does not contain any of the above listed offenses. I understand, under penalty of perjury, all employees in such positions of trust or responsibility shall attest to meeting the requirements for qualifying for employment and agreeing to inform the employer immediately if arrested for any of the disqualifying offenses. I also understand that it is my responsibility to obtain clarification on anything contained in this affidavit which I do not understand prior to signing. I am aware that any omissions, falsifications, misstatements or misrepresentations may disqualify me from employment consideration and, if I am hired, may be grounds for termination or denial of an exemption at a later date.

SIGNATURE OF AFFIANT:	 	

Sign Above OR Below, DO NOT Sign Both Lines

To the best of my knowledge and belief, my record contains one or more of the applicable disqualifying acts or offenses listed above. I have placed a check mark by the offense(s) contained in my record. (If you have previously been granted an exemption for this disqualifying offense, please attach a copy of the letter granting such exemption.) (Please circle the number which corresponds to the offense(s) contained in your record.)

SIGNATURE OF AFFIANT:
Sworn to and subscribed before me by means of □ physical presence or □ online notarization this day of, 20
SIGNATURE OF NOTARY PUBLIC, STATE OF FLORIDA
(Print, Type, or Stamp Commissioned Name of Notary Public)
(Check one) Affiant personally known to notary
OR
Affiant produced identification Type of identification produced:

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