



Florida Department of Law Enforcement

# EMPLOYMENT BACKGROUND INVESTIGATIVE REPORT

Incorporated by Reference in Rule 11B-27.002(3)(a)2., F.A.C.



CJSTC  
77

Please type or print in black or blue ink and use capital and small letters for names, titles, and addresses

This form must be attached to the Registration of Employment, Affidavit of Compliance form CJSTC-60.

- Officer's Name: \_\_\_\_\_  
Last First MI
- Last Four Digits of the Officer's Social Security Number: \_\_\_\_\_
- Agency ORI: FL \_\_\_\_\_
- Agency Name: \_\_\_\_\_
- Disciplines: Law Enforcement:  Correctional Probation:  Railroad Police:  Correctional  Concurrent
- Results of Background Check:

<u>Mandatory Checks</u>	<u>Satisfactory</u>	<u>Unsatisfactory</u>	<u>FDLE was contacted</u>
Previous Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> VIA ATMS <input type="checkbox"/> Via Telephone
FCIC Record	<input type="checkbox"/>	<input type="checkbox"/>	On _____ for information on the applicant's
NCIC Record	<input type="checkbox"/>	<input type="checkbox"/>	Date
Local Law Enforcement	<input type="checkbox"/>	<input type="checkbox"/>	previous criminal justice employments or Commission action.
Military History	<input type="checkbox"/>	<input type="checkbox"/>	
Controlled Substances	<input type="checkbox"/>	<input type="checkbox"/>	

<u>Recommended</u>	<u>Satisfactory</u>	<u>Unsatisfactory</u>	<u>Not Utilized</u>
Job Related Psychological Examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polygraph Examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighborhood Check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Applicant Admits To:  Having previously committed an act, which constitutes a felony or misdemeanor even if previously not detected, not arrested or not prosecuted including, but not limited to, theft, possession of illegal drugs, fraud, etc.

Describe: \_\_\_\_\_

8. Current and Recent Illegal Use of Controlled Substance (Indicate type and date last used):

<input type="checkbox"/> Marijuana _____	<input type="checkbox"/> Cocaine _____	<input type="checkbox"/> Opiates _____
<input type="checkbox"/> Designer Drugs _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> None _____

9. Investigative Findings. Please describe below, any findings contrary to Section 943.13(4) and (7), F.S., admitted acts, and other drug use:

\_\_\_\_\_  
\_\_\_\_\_

Rule 11B-27.0011, FAC, requires an applicant's moral character to be carefully examined before hired by an agency. If the background investigation establishes that the applicant has a significant history of prior unlawful conduct, the Commission shall recommend that the agency does not hire the applicant, and that documentation of a background investigation is on file.

10. Signature and Attestment of Background Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby verify based on the above factors considered by this agency that the applicant is of good moral character as required by Section 943.13(7), F.S.

11. Signature of Employing Agency Administrator or Designee (Required) \_\_\_\_\_ (Date Signed) \_\_\_\_\_

## INSTRUCTIONS FOR COMPLETING FORM CJSTC-77

### USE THIS FORM TO...

- Report the results of the background investigation conducted on officers employed by the agency.
- Report when the agency initially employs an officer.

### HOW TO COMPLETE EACH ITEM

1. **Officer's Name:** Enter the last and first legal name. If the officer has a middle initial, enter it above MI.
2. **Social Security Number.** Enter the last four digits of the officer's-social security number.
3. **Agency ORI:** Enter the last seven digits of the agency's originating agency identifier number as in this example: FL 0370000.  
**Note:** The Department of Corrections (DC) offices, other than correctional institutions shall use an ORI code that identifies the DC region.
4. **Agency Name:** Enter the agency's correct name.  
**Note:** Other than correctional institutions, the Department of Corrections offices shall list the "Department of Corrections" as the agency name.
5. **Disciplines:** Enter "X" in the box for law enforcement, correctional, or correctional probation discipline.
6. **Results:**
  - **Mandatory Checks.** Enter "X" in the box for either satisfactory or unsatisfactory for each listed type of background check.
  - Enter "N/A" on the line under satisfactory if the officer has had no prior military service.
  - Enter the date as month/day/year to indicate when the FDLE was contacted to obtain information regarding the officer's record of separation from previous employers.
  - **Recommended:** Enter "X" in the box under satisfactory, unsatisfactory, or not utilized for each type of investigative examination.**Note:** The agency shall contact the FDLE Criminal Justice Professionalism Program, Records Section to obtain the facts and reasons about the officer's previous separations or Commission action from Florida agencies while employed in positions regulated by the Criminal Justice Standards and Training Commission.
7. **Applicant Admits To:** Enter "X" in the box if the officer admits to previously having committed and an unlawful act(s).
8. **Current and Recent Illegal Use of Controlled Substance:**
  - Enter "X" in the box before the type of controlled substance that has been illegally used.
  - Enter the month/year on the line above date following the type of controlled substance illegally used.
  - Enter the year only if the month is unknown.
  - Enter "X" in the box where there is no current or recent illegal use of designer drugs. Enter "X" in the box before "Other" for illegal drugs not specifically listed, followed by the month/year.
  - Enter "X" in the box before "None" when there is no current or recent illegal use of any controlled substance.
9. **Investigative Findings:** Describe any findings indicated as unsatisfactory for any mandatory checks.
10. **Signature of Background Investigator and Date Signed:** The background investigator who conducted the investigation shall signs his or her name and enter the date signed. The investigator's signature attests that the investigation was conducted pursuant with procedures detailed in the Commission's Background Investigation Procedures manual.
11. **Agency Administrator's Signature and Date Signed.** The agency administrator or designee shall sign this form and enter the date signed.

### AGENCY REQUIREMENTS

- If the agency is entering the information on-line through the Commission's Automated Management Training System (ATMS), please print this form and maintain the original on file at the agency or training school.
- If the agency is not entering the information on-line through ATMS, maintain the original form on file at the agency and submit a completed copy of the form and a letter requesting FDLE to enter the data into ATMS. Submit the copies to: **Florida Department of Law Enforcement, Criminal Justice Professionalism Program, P.O. Box 1489, Tallahassee, Florida 32302-1489. Attention: Records Section. Fax Number: 850-410-8605**