

Background Screening Request for Exemption

Authority: In accordance with section 435.07, Florida Statutes, persons disqualified from employment may be granted an exemption from disqualification. The granting of an exemption does not change an individual's criminal history. It only provides eligibility for employment with the agency the individual has sought the exemption.

To request a review and determine if you are eligible for an exemption, you must verify you understand the following information by checking the box next to each statement, then signing and dating this form. In addition to the application, you must provide all documentation required on the Exemption Request Checklist at the time you submit this request.

- Three years** or more have passed since I have been released from prison, parole, or other criminal-related supervision that had been court-ordered for a **disqualifying felony** criminal offense.
- I am not under any type of criminal-related supervision that has been court-ordered due to a **disqualifying misdemeanor** criminal offense.
- Any and all outstanding court-ordered costs or fees associated with my criminal history have been paid in full and I do not owe restitution, public defender, or other court costs.
- I am not designated as a sexual predator, sexual offender, or career offender.
- I am formally requesting that the agency, in accordance with the provisions of Chapters 393, 408, and 435, Florida Statutes, provide me with an Exemption Review.
- I understand that I have the burden of setting forth clear and convincing evidence of rehabilitation or any other evidence or circumstances indicating that I will not present a danger if employed.
- I understand that the decision of the Agency for Persons with Disabilities regarding this Exemption may be contested through a hearing under the provisions of Chapter 120, Florida Statutes.

- I understand any person that knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree.
- I understand if an exemption is granted by APD and I am arrested after the date of issue, the exemption is invalid while awaiting disposition of my case.
- I understand if I am convicted of a new disqualifying criminal offense after my exemption from APD is issued, the exemption is no longer valid, and I may apply for a new exemption once meeting statutory criteria.

Signature

_____/_____/_____

Date

Send your application to:

Department of Children and Families
Attention: Background Screening
Unit
APD Exemption Application
1317 Winewood Blvd
Tallahassee, FL 32399-0700

Phone: **888-352-2849**

Note: A person is **not eligible** for an Exemption from Disqualification until:

- He/she has been lawfully released from confinement, supervision, or other non-monetary condition imposed by the court for a **disqualifying misdemeanor** criminal offense;
- At least **3 years after** he/she has been lawfully released from confinement, supervision, or other non-monetary condition imposed by the court for a **disqualifying felony** criminal offense; and
- He/she has completed any court-ordered fee, fine, fund, lien, civil judgment, application, costs of prosecution, trust, or restitution as part of the judgment and sentence for any disqualifying felony or misdemeanor in full.

Note: Persons designated as sexual predators, sexual offenders, or career offenders are not eligible for an Exemption from Disqualification.

Background Screening Exemption Request Checklist

This checklist is being provided to help you gather the necessary documents to submit an Exemption from Disqualification Request.

You are required to provide **ALL** the information below that applies to your circumstance. You should check off each item as you obtain it.

Your exemption request will not be considered until all documentation is received.

- CLERK OF THE COURT CERTIFIED Final Court Dispositions and Petition** – The disposition is the court document that states what you were sentenced for and the conditions of your sentence. A certified copy of the State Attorney’s Petition, Arraignment, Judgment, Sentencing, and Final Disposition Orders **for each of your criminal offenses that appear on your Florida (FDLE) and National (FBI) criminal history** is required. Certified Court documents may be obtained from the Clerk of the Court in the county in which the offense occurred.

- Official Arrest Report or Charging Affidavit** – The arrest report is a detailed narrative prepared by law enforcement that explains the reason for your arrest. A copy of the arrest report/ charging affidavit **for each of your criminal offenses** is required. Arrest reports may be obtained from the law enforcement agency (police department, sheriff’s office, etc.) that made the arrest.

- Signed Statement (only needed if you cannot obtain the arrest report and/or court disposition)** – Please write a detailed statement on each arrest explaining why you were arrested. You must include the victim’s age and relationship to you and the sentence you received (probation, jail, prison, etc.). If your offense was related to theft, please include the item(s) and the approximate value of the item(s) stolen. *Documentation from the Clerk of Court and/or the arresting agency must be provided on letterhead indicating the document(s) are no longer available. *Please make sure you sign the statement.**

- Completion of Sanctions** – Completion of **probation/parole, fines, restitution, or other court-ordered sanctions** are required for your disqualifying offenses. This documentation can be obtained from the Clerk of Court in the county in which the offense occurred. This must include the date in which the payment/completion of the sanction was satisfied. Also, this must include the attached request to the Department of Corrections for the completion of probation and monetary obligations.

Documentation of Rehabilitation – Rehabilitation includes successful completion of a court-ordered treatment or counseling program, educational or training certificates, proof of participation in community activities, special recognition, or awards received.

Letters of Recommendation – (two or more original, signed, and notarized)

Include one letter from current or most recent employer; other letters must be from individuals you have known through contact at the workplace, community activities, education, or training centers. Individuals providing a letter of recommendation should include their current contact information including name, address, and telephone number for verification or possible interview. Use of official letterhead is recommended, as applicable.

A copy of the Attestation of Good Moral Character - You can obtain this from your current/potential employer or print a copy here: <http://apd.myflorida.com/background-screening/docs/AGMC%202018.pdf>

Local Law Enforcement Check – A check of local criminal records must be conducted directly with and certified by a law enforcement agency in the jurisdiction where you reside. *Internet search results are not acceptable.* (request form attached)

Background Screening Application for Exemption

AUTHORITY: In accordance with section 435.07, Florida Statutes, this application is submitted for an Exemption from Disqualification to seek employment as a direct service provider for which employment was denied due to a disqualifying criminal history offense.

NOTE: *The granting of an exemption by any State Department (including this agency) does not clear the criminal history. The exemption only provides eligibility for employment with an APD screening Program despite the presence of a disqualifying offense(s).*

1. PERSONAL INFORMATION

Name of Provider where you are employed or seeking employment:	
Position Applied For:	Are you Licensed with DOH? <input type="checkbox"/> YES <input type="checkbox"/> NO

Note: If you are seeking an exemption to work under another Agency Program (e.g. Department of Children and Families, AHCA), please contact the appropriate agency for the Program specific exemption application.

Last Name:	First Name:	Middle Name:
Mailing Address:		Phone Number:
City:	State:	Zip:
Email:	Social Security Number:	
List All Prior Names, Aliases, AKAs:	Date of Birth:	
Have you applied for an exemption from disqualification with another state agency? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, complete the following:</i>		
State agency where exemption request was submitted: (e.g. Department of Children and Families, Department of Health, AHCA, etc.)		
Date application submitted:	Date of decision:	
Exemption decision: <input type="checkbox"/> Granted <input type="checkbox"/> Denied <input type="checkbox"/> Withdrawn <input type="checkbox"/> Still under review		
NOTE: <i>Even if you have received an exemption from disqualification from another state agency, you are still required to apply for an exemption through this agency. Proof of exemption must be provided with the application. The agency will take into consideration any exemption that is granted through another state agency but is not bound by the decision of the other state agency.</i>		



2. EXEMPTION QUESTIONNAIRE

1. Write your detailed version of each Disqualifying Offense(s) listed on your denial letter:

(attach additional pages as needed)

2. Describe any injuries, harm, or damage to the victim related to the Disqualifying Offense(s):

3. Write your detailed version of each NON-Disqualifying Offense(s):

(attach additional pages as needed)

4. List any treatment or counseling received demonstrating rehabilitation (voluntary or court-ordered):



3. Employment History

Identify the name and address of each employer, supervisor, address, telephone number, dates of employment, and your job responsibilities for the last three years. **Please explain any breaks in employment that exceed three months.** Attach additional sheets if necessary. A resume may be attached in lieu of completing this employment history section, if it includes all information required below.

Attach additional pages if needed:

Most Recent Employer:		Supervisor's Name:	
Address:		Telephone Number: (include area code)	
Job Title:		Employment Dates:	
Job Responsibilities:			
Reason for Leaving:			
Employer:		Supervisor's Name:	
Address:		Telephone Number: (include area code)	
Job Title:		Employment Dates:	
Job Responsibilities:			
Reason for Leaving:			
Employer:		Supervisor's Name:	
Address:		Telephone Number: (include area code)	
Job Title:		Employment Dates:	
Job Responsibilities:			
Reason for Leaving:			

4. EDUCATION / TRAINING

Please complete the following and **include copies of any certificates, diplomas, and licenses** if applicable, or proof of current attendance.

1. Are you enrolled in or have you obtained any of the following educational achievements since the disqualifying offense(s)?

- GED or equivalent AA Degree Doctorate
 High School Diploma BS/BA degree Other:
 Master's Degree

2. Are you enrolled in or have you completed a training program to obtain certification or professional licensure in a health-related occupation since the disqualifying offense(s)? Yes No

If yes, please complete the following:

Certificate/License Number	Type of Training (Home Health Aide, Nursing Assistant, etc.)	Date of Training	Training Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate or License Received? <input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Have you obtained any other type of training since the disqualifying offense(s)? Yes No

If yes, please complete the following:

Type of Training	Date Applied for Training	Date of Completion



LOCAL LAW ENFORCEMENT CHECK

To be completed by the Police Department or Sheriff's Office in the county where you live.

Dear Sheriff:

Pursuant to Chapter 435, F.S., the Agency for Persons with Disabilities is requesting a local record check.

Thank you for your cooperation.

Please provide any record you have on the applicant listed below:

Last Name:	First Name:	Middle Name:	
Date of Birth:	SSN:	Sex:	Race:

No local law record(s)

Yes, local law record(s) attached

Local law check conducted by: _____

Date: ____/____/____