



BACKGROUND SCREENING

Application for Exemption From Disqualification

AUTHORITY: In accordance with sections 430.0402 and 435.07, Florida Statutes, persons disqualified from a position as a direct service provider due to a disqualifying criminal history offense 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 a position as a direct service provider.

In order to be granted an exemption, you must demonstrate by clear and convincing evidence that you will not present a danger as a direct service provider. Proof by clear and convincing evidence will be shown where the truth of the facts asserted is highly probable. Your application and any supporting documents you provide will be considered by the Department of Elder Affairs ("Department") in making this determination. An example of the types of evidence the Department suggests as relevant to prove your rehabilitation include, but are not limited to:

- a certified copy of the court disposition or judgment for each disqualifying offense;
- a certified copy of arrest reports for each disqualifying offense;
- documentation from the probation or parole department indicating your release from supervision;
- a certified copy of arrest reports for any pending offense that has not proceeded to a disposition;
- records of successful participation in a rehabilitation program;
- two or more letters of reference, one of which should be from an employer if applicable; and
- other relevant evidence of rehabilitation.

STEP ONE: Complete the application information.

1. PERSONAL INFORMATION

Last Name:		First Name:		Middle Name:	
List All Prior Names, Aliases:		Date of Birth: mm/dd/yyyy		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Social Security Number:	Race:	Phone Number: <i>include area code</i> (Home) (Mobile)			
Mailing Address:		City:	State:	Zipcode:	
Have you been granted an exemption from another state agency requiring Level 2 background screening? If yes, proof of exemption must be provided with this application. <input type="checkbox"/> Yes <input type="checkbox"/> No					

2. EMPLOYMENT AND VOLUNTEER HISTORY

Provide your employment and any volunteer history for the past 3 years. Please explain any breaks in employment. Attach additional sheets if necessary.

Current or Most Recent Employer:		Supervisor's Name:	
Address:		Phone Number: <i>include area code</i>	
Job Title:	Employment Dates: (Start) (End)		
Job Responsibilities:			
Reason for Leaving:			

Employer:		Supervisor's Name:	
Address:		Phone Number: <i>include area code</i>	
Job Title:	Employment Dates: (Start) (End)		
Job Responsibilities:			
Reason for Leaving:			

Employer:		Supervisor's Name:	
Address:		Phone Number: <i>include area code</i>	
Job Title:	Employment Dates: (Start) (End)		
Job Responsibilities:			
Reason for Leaving:			

Explanation of any gaps in employment, if applicable:

3. EDUCATION / TRAINING

Please complete the following:

1. What is your highest level of education completed?

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Did not complete high school | <input type="checkbox"/> AA Degree | <input type="checkbox"/> Doctorate |
| <input type="checkbox"/> GED or equivalent | <input type="checkbox"/> BS/BA Degree | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> High School Diploma | <input type="checkbox"/> Master's Degree | |

2. State the date you graduated, or received a diploma or degree. _____.

3. Have you completed any additional training, certifications, or licensure? ☐ Yes ☐ No

If yes, please complete the following:

Name of School/Program	Type of Training	Date of Training	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

4. LETTERS OF REFERENCE

1. Please attach at least one letter of reference from an employer, if applicable. This letter should include the name, address, and telephone number of the person writing the letter, and should be on company letterhead.
2. Please attach at least one letter of reference from someone who is familiar with you now. The letter should include the name, address, and telephone number of the person writing the letter.

5. OTHER INFORMATION

Please complete the following and attach additional pages if needed. Also, please attach copies of any supporting documentation such as letters, awards, certificates, etc.

1. Please list any community, civic, or religious involvement that you believe shows evidence of your rehabilitation.

2. List any special awards or recognition you have received.

3. Have you completed any counseling or treatment programs? If yes, please describe.

4. Did you have to pay any restitution for your disqualifying offense? ☐ Yes ☐ No

If yes, please explain the amount ordered and paid, and other relevant circumstances.

5. If you failed to disclose a disqualifying offense on your Affidavit of Good Moral Character, please provide an explanation of your reasons for not disclosing the offense.

6. PERSONAL STATEMENT

Please provide an explanation of the circumstances surrounding the disqualifying offense(s) and a brief history of your activities showing rehabilitation since the offense(s). Attach additional pages if needed.

STEP TWO: Complete and sign.

STEP THREE: Review your application for completeness and mail.

Section 435.07(3), F.S.