

AFFIDAVIT OF GOOD MORAL CHARACTER

State of Florida		Co	ounty of	
Before me this day pe	ersonally appeared _			_who, being duly
sworn, deposes and s	save.	(Applicant's/Employee	e's Name)	
sworn, deposes and s	says.			
		mployee of, a volunteer for,	and attest under pena	Ity of perjury that I
meet the moral chara	cter requirements for	employment, as required b	y the Florida Statutes	and rules, in that:
I have not been arres	ted with disposition p	ending or found guilty of, re	aardless of adjudicati	on, or entered a
	•	been adjudicated delinquer	•	
expunged for, any offe	ense prohibited unde	r any of the following provis y of the offenses listed belo	sions of the Florida Sta	
	Relating to:			
Section 393.135		certain developmentally disabled	clients and reporting of suc	ch sexual misconduct
Section 394.4593		certain mental health patients and		
Section 415.111		exploitation of aged persons or di		
Section 741.28		nstitute domestic violence, wheth	er committed in Florida or	another jurisdiction
Section 782.04	murder			
Section 782.07	manslaughter, aggravate of a child	ed manslaughter of an elderly pers	son or disabled adult, or aç	ggravated manslaughter
Section 782.071	vehicular homicide			
Section 782.09		nild by injury to the mother		
Chapter 784		pable negligence, if the offense wa	as a felony	
Section 784.011	assault, if the victim of o			
Section 784.03	battery, if the victim of o	ffense was a minor		
Section 787.01	kidnapping			
Section 787.02	false imprisonment			
Section 787.025 Section 787.04(2)	luring or enticing a child	ving a child beyond the state limits	s with criminal intent pandi	na custody proceeding
Section 787.04(2)	carrying a child beyond	he state lines with criminal intent of the designated person		
Section 790.115(1)		apons within 1,000 feet of a scho	ol	
Section 790.115(2) (b)	possessing an electric w	eapon or device, destructive devi	ce, or other weapon on sch	hool property
Section 794.011	sexual battery			
Former Section 794.041		s in familial or custodial authority		
Section 794.05	unlawful sexual activity v	vith certain minors		
Chapter 796	prostitution			
Section 798.02	lewd and lascivious beha			
Chapter 800 Section 806.01	lewdness and indecent e	exposure		
Section 810.02	arson burglary			
Section 810.14	voyeurism, if the offense	is a felony		
Section 810.145	video voyeurism, if the o			
Chapter 812		related crimes, if a felony offense	<u> </u>	
Section 817.563		lled substances, if the offense was		
Section 825.102		e, or neglect of an elderly person		
Section 825.1025		es committed upon or in the prese		or disabled adult
Section 825.103	exploitation of disabled a	dults or elderly persons, if the off	ense was a felony	
Section 826.04	incest			
Section 827.03		child abuse, or neglect of a child		
Section 827.04		uency or dependency of a child		
Former Section 827.05	negligent treatment of ch			
Section 827.071	sexual performance by a	cniia		

resisting arrest with violence

Section 843.01

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; a career offender pursuant to s. 775.261; or a sexual offender pursuant to s. 943.0435, unless the requirement to register as a sexual offender has been removed pursuant to s. 943.04354.

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.

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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 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: