



Level II Post-Interview Questionnaire

Candidate _____ SS# _____

Position _____ Job Code _____

Department/Division _____

BACKGROUND PROCEDURES

A. Please forward **COPIES** of the following to Professional Standards with this cover page:

- Orange County Application for Employment
- Resume (if received)
- Level II Post Interview Questionnaire
- Release of Information Waiver
- Written Notice and Authorization to Obtain a Consumer Report
- OC Criminal History Check
- Release & Applicant Information
- Driver license
- Social Security Card
- High school diploma or college transcript/diploma (if required or declared)
- DD214 and completed Release Pertaining to Military Records (if applicable)
- Birth certificate, birth registration card, U.S. Passport or I.N.S. Card

B. Does this position require driving a vehicle (county or personal) on county business?

Yes No

C. EMPLOYMENT VERIFICATIONS: (Completed by the HA/D. Level I – Past 5 years minimum or at least the last two (2) employers. Results will be sent to Office of Professional Standards by HA/D, normally within 5-7 days from the background investigation request. List below the current/past employers that are to be checked)

1. _____
2. _____
3. _____

D. Other information for OPS: _____

E. Schedule applicant with contracted Polygrapher: Date/Time: _____

- Call OPS to schedule fingerprint appointment. Contact Judy McAbee (407) 836-0003.
- (Note: Fingerprint schedule is: Tuesday & Thursday 2-4pm)

F. Continue employment processing and background investigation approval:

Hiring Authority/Designee (HA/D) _____ Date: _____

HR Coordinator assigned: _____ Phone 407-836- _____



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Orange County Application for Employment Supplement

Position Applied for: _____

Candidate's Full Name: _____ SS# _____

Note: This form must be completed by the applicant and returned after an initial interview. Complete all items. Incomplete or unsigned supplement forms will not be processed. Please return by the following date: _____

Return the form to the attention of the following individual at the address below:

HR Analyst's Name: _____

Address: _____ Tel: _____

This form may also be faxed to the following number: _____

PERSONAL DATA

If previously employed Orange County Government, did you leave while an Administrative Disciplinary Investigation was underway, or a violation of the Code of Conduct, Work Habits and/or Disciplinary Action was pending? **Yes No** If YES, explain completely

Have you ever been convicted of a crime, pled nolo contendere (no contest), or had the sentence withheld for a crime, including all arrestable traffic offenses (e.g., Driving under the Influence, Reckless Driving, Driving with a Suspended Driver's License).

Yes No If YES, give offense, date, county, state, territory or country and sentence for each conviction (for purposes of this section and/or question, a plea of guilty or "no contest" under Florida State Statutes shall be considered a conviction in spite of the fact adjudication was withheld or sentence suspended)

Are you currently on probation following any criminal conviction? **Yes No** If YES, explain in detail, including dates and locations

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Do you have any pending criminal/disciplinary proceedings? **Yes** **No** If YES, explain in detail, including law enforcement agency and court involved, dates and locations

Have you ever been a defendant in a civil action for an intentional tort (Intentional Tort – A wrong perpetrated by one who intends to do that which the law has declared wrong. e.g. battery or defamation)? **Yes** **No** If YES, explain fully the nature of the intentional tort(s) and the disposition of the action

Have you ever been the subject of a civil injunction, such as for Domestic Violence?
Yes **No** If YES, explain fully

U.S. MILITARY RECORD

Have you ever served or trained in the U.S. Armed Forces? **Yes** **No** If YES, please complete the portion below and following page (Request Pertaining to Military Records – complete items 1-7 in Section I and sign line 3 in Section III).

Note: If you have had any military service you must submit a copy of all DD 214's for time served in military service.

Branch _____ Highest Rank _____ Pay Grade _____

Dates of Active Military Service: Entry _____ Separation _____

Have you ever been a defendant in a military court martial, Office Hours, Captain's Mast or Article 15, Uniform Code of Military Justice (UCMJ) while in the military, or received any other disciplinary action? **Yes** **No** If YES, list each discipline, dates, and outcome in detail.

Have you ever held a military security clearance? **Yes** **No** If YES, level of clearance

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Have you ever been denied or had a security clearance revoked? **Yes** **No** If YES, explain completely

Check type of discharge:

Honorable General Dishonorable
Other/ explanation

Are you presently a member of the U.S. Military Reserve, National or State Guard Organization?

Yes **No** If YES, complete the following: Active Inactive

Dates: Entry _____ Separation _____

Highest Rank _____ Pay Grade _____

Branch of Service and Component _____

Organization and Station or Unit _____

Address _____

Number Street

City State Zip + 4

Military Specialization and Duties _____

Are you claiming Veteran's Preference? **Yes** **No** Have you been hired using Veteran's Preference since 10-01-87? **Yes** **No** If YES, give the name of the employer:

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REFERENCES

Please furnish a minimum of three (3) separate references (five preferred). **DO NOT list relatives or previous employers.** References must have known you for at least one (1) year and possess sufficient information concerning your suitability for employment. **Give complete address with zip code.**

(1)

Name	Occupation	How long known
Home (Street) Address	Apt. No. City	State Zip+4
Business (Street) Address	City	State Zip+4
() _____	() _____	
Home Phone	Business Phone	e-mail

(2)

Name	Occupation	How long known
Home (Street) Address	Apt. No. City	State Zip+4
Business (Street) Address	City	State Zip+4
() _____	() _____	
Home Phone	Business Phone	e-mail

(3)

Name	Occupation	How long known
Home (Street) Address	Apt. No. City	State Zip+4
Business (Street) Address	City	State Zip+4
() _____	() _____	
Home Phone	Business Phone	e-mail

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(4)

Name	Occupation	How long known
Home (Street) Address	Apt. No	City
		State
		Zip+4
Business (Street) Address	City	State
		Zip+4
() _____	() _____	
Home Phone	Business Phone	e-mail

(5)

Name	Occupation	How long known
Home (Street) Address	Apt. No	City
		State
		Zip+4
Business (Street) Address	City	State
		Zip+4
() _____	() _____	
Home Phone	Business Phone	e-mail

RESIDENCES

List chronologically **ALL** your residences for the **past TEN (10) years**. Start with your **current** residence.

From: ____/____/____ To: ____/____/____ Own Rent
 (Month/Year)

If renting, name lease is under: _____
 Street address: _____ Apt.# _____
 City: _____ County: _____ State: _____ Zip+4: _____
 Landlord's Name and /or Name of Apt. Complex: _____
 Landlord's Apt. or Street Address: _____ Apt.# _____
 City: _____ State: _____ Zip+4: _____
 Home Phone: () _____ Business Phone: () _____

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From: ____/____ To: ____/____ Own Rent
(Month/Year)

If renting, name lease is under: _____
Street address: _____ Apt.# _____
City: _____ County: _____ State: _____ Zip+4: _____
Landlord's Name and /or Name of Apt. Complex: _____
Landlord's Apt. or Street Address: _____ Apt.# _____
City: _____ State: _____ Zip+4: _____
Home Phone: () _____ Business Phone: () _____

From: ____/____ To: ____/____ Own Rent
(Month/Year)

If renting, name lease is under: _____
Street address: _____ Apt.# _____
City: _____ County: _____ State: _____ Zip+4: _____
Landlord's Name and /or Name of Apt. Complex: _____
Landlord's Apt. or Street Address: _____ Apt.# _____
City: _____ State: _____ Zip+4: _____
Home Phone: () _____ Business Phone: () _____

From: ____/____ To: ____/____ Own Rent
(Month/Year)

If renting, name lease is under: _____
Street address: _____ Apt.# _____
City: _____ County: _____ State: _____ Zip+4: _____
Landlord's Name and /or Name of Apt. Complex: _____
Landlord's Apt. or Street Address: _____ Apt.# _____
City: _____ State: _____ Zip+4: _____
Home Phone: () _____ Business Phone: () _____

From: ____/____ To: ____/____ Own Rent
(Month/Year)

If renting, name lease is under: _____
Street address: _____ Apt.# _____
City: _____ County: _____ State: _____ Zip+4: _____
Landlord's Name and /or Name of Apt. Complex: _____
Landlord's Apt. or Street Address: _____ Apt.# _____
City: _____ State: _____ Zip+4: _____
Home Phone: () _____ Business Phone: () _____

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From: ____/____ To: ____/____ Own Rent
(Month/Year)

If renting, name lease is under: _____
Street address: _____ Apt.# _____
City: _____ County: _____ State: _____ Zip+4: _____
Landlord's Name and /or Name of Apt. Complex: _____
Landlord's Apt. or Street Address: _____ Apt.# _____
City: _____ State: _____ Zip+4: _____
Home Phone: () _____ Business Phone: () _____

From: ____/____ To: ____/____ Own Rent
(Month/Year)

If renting, name lease is under: _____
Street address: _____ Apt.# _____
City: _____ County: _____ State: _____ Zip+4: _____
Landlord's Name and /or Name of Apt. Complex: _____
Landlord's Apt. or Street Address: _____ Apt.# _____
City: _____ State: _____ Zip+4: _____
Home Phone: () _____ Business Phone: () _____

From: ____/____ To: ____/____ Own Rent
(Month/Year)

If renting, name lease is under: _____
Street address: _____ Apt.# _____
City: _____ County: _____ State: _____ Zip+4: _____
Landlord's Name and /or Name of Apt. Complex: _____
Landlord's Apt. or Street Address: _____ Apt.# _____
City: _____ State: _____ Zip+4: _____
Home Phone: () _____ Business Phone: () _____

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MOTOR VEHICLE DRIVER LICENSE

If you have been licensed to drive in Florida less than 5 years, or not at all, list other states or countries of permitted driving for the last five years:

State or Country: _____ License # _____

Class/Endorsements: _____

State or Country: _____ License # _____

Class/Endorsements: _____

Certification of Information*

I _____, certify that the information contained in this questionnaire is correct to the best of my knowledge, and understand that falsification of this post-interview questionnaire form in any detail is grounds for disqualification from further consideration or for dismissal from employment in accordance with Orange County Personnel Policy. I hereby authorize investigation of all statements/information I have provided herein. I authorize the companies or persons named herein to give any information regarding my history, together with any information they may have regarding me, whether or not it is on their records. Further, if relevant to the position/work being sought, I authorize a check of my driver license record. I hereby release said companies or persons, and Orange County Government, its officials and employees, from all liability for any damage, whatsoever, for issuing or obtaining this information. I understand that if I am selected for employment I will be required to undergo a physical examination, including urinalysis. In the event I am employed by Orange County Government, I agree to comply with all its policies, rules and regulations.

Date _____ Applicant's Signature _____

DOB _____ SS# _____

* Pursuant to the Florida Public Records Law, all documents (except medical records) made or received by Orange County Government in the course of processing your application are public records and shall be open for inspection by the public.

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Orange County Government Criminal History Check

Note: Please print all of the requested information in **black ink**.

Name: _____
(Last) (First) (Middle)

Please list all other names you have used (maiden, alias, nick-name):

1. _____ 3. _____
2. _____ 4. _____

Current Address: _____

Social Security Number: _____

Driver License Number: _____ **State of Issue:** _____

Date of Birth: _____

Place of Birth: _____

<u>Race:</u>	<u>Gender:</u>	<u>Height:</u>	<u>Weight:</u>
Asian or Pacific Islander	Male	_____' ____"	_____lbs.
American Indian or Alaskan			
Black	Female		
White			
Unknown			

(FDLE Standard – Indicate Hispanic persons as white or black based on skin color)

Color of Hair: _____ **Color of Eyes:** _____

For Government Use Only

Criminal History: YES NO Date: _____

Checked By: OCSO OPD
KPD Osceola County SO
Seminole County SO Other _____

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RELEASE OF INFORMATION WAIVER

(Please read this carefully and sign in the presence of the Notary)

I respectfully request and hereby authorize you to furnish Orange County Government, the Human Resources Division, or its designee, any and all information/records that you may have concerning myself. This includes but is not limited to my complete work history, education, military service, reputation, personal background, civil records, criminal conviction(s), driver license information/driving history, as well as credit history, if applicable. Please include any and all report including all information of a confidential or privileged nature, and copies of same, if requested. I further authorize companies or persons to give any information regarding my history; together with any information they may have regarding me, whether or not it is on their records. This information is to be used to assist in determining my qualifications and suitability for the position I am seeking with Orange County Government.

This form may be used for the duration of my processing and does not expire. A photographic or faxed copy of this form shall be as valid as the original.

Print Name: _____ Social Security #: _____

Signature: _____

Applicant will sign in ink on this line in the presence of a Notary Public.

STATE OF FLORIDA
COUNTY OF _____

Sworn to and subscribed before me on this _____ day of _____, 20____.

Notary Public

My Commission Expires: _____

Personally Known Produced Identification

Type of ID: _____

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WRITTEN NOTICE AND AUTHORIZATION TO OBTAIN A CONSUMER REPORT

This is to notify you that in connection with your application for employment it may be necessary for Orange County Government to obtain a consumer report regarding your background.

I _____, understand that Orange County may obtain a consumer report and hereby authorize Orange County to obtain a consumer report on my background in connection with my application for employment.

Date

(Signature of Applicant)

Social Security Number

*What is a Consumer Report?

A consumer report contains information about your personal and credit characteristics, character, general reputation, and lifestyle. To be covered by the FCRA, a report must be prepared by a consumer reporting agency (CRA) - a business that assembles such reports for other businesses.

Employers often do background checks on applicants and get consumer reports during their employment. Some employers only want an applicant's or employee's credit payment records; others want driving records and criminal histories. For sensitive positions, it's not unusual for employers to order investigative consumer reports - reports that include interviews with an applicant's or employee's friends, neighbors, and associates. All of these types of reports are consumer reports if they are obtained from a CRA. Applicants are often asked to give references. Whether verifying such references is covered by the FCRA depends on who does the verification. A reference verified by the employer is not covered by the Act; a reference verified by an employment or reference checking agency (or other CRA) is covered. **Section 603(o) provides special procedures for reference checking; otherwise, checking references may constitute an investigative consumer report subject to additional FCRA requirements.**

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Release and Applicant Information Form

Please Print Clearly All Requested Information

Requestor Information:

Your Division: _____ Contact Person: _____

Contact Phone: _____ Contact Fax: _____

Applicant/Subject Information:

Name: _____ Employee ID # _____
(Please Print Clearly All Requested Information)

Current Address: _____ City: _____ ST: _____ Zip: _____

Sex: _____ Date of Birth: _____ / _____ / _____
MM DD YYYY

Drivers License Number: _____ State: _____

Work Email: _____

In connection with any application made by me, I understand that investigative background inquiries may be made on me concerning matters of motor vehicle information. I understand that you may be requesting information from various Federal, State, and other agencies which maintain records concerning past activities relating to my driving records.

I authorize, without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from any liability and/or responsibility for doing so. I hereby consent to Orange County Government obtaining such information from Sonic e-Learning Inc. and/or any of their agents. This authorization and consent shall be valid in an original, fax or copy form. I recognize that these inquiries may be made randomly in the future and no further authorization is required by me.

Applicant's Signature: _____ Date: _____

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**CONTINGENT EMPLOYMENT OFFER AGREEMENT
BACKGROUND CHECK**

APPLICANT NAME: _____

POSITION: _____

DIVISION: _____

DEPARTMENT: _____

Satisfactory completion of a pre-employment background check is a mandatory condition of employment with Orange County.

The background check is initiated prior to the first day of employment, but may not be completed before employment with the County commences.

Your signature below verifies that you understand and agree that should you fail to successfully complete the full background check process, or if inaccurate information is found on the application, resume or background investigation documents, Orange County's contingent offer of employment may be rescinded and your employment will end.

Applicant Signature

Date