



Lake County Criminal Justice Selection Center



Phone: 352-742-6463
Fax: 352-742-6466

**1565 Lane Park Cutoff
Tavares, FL 32778**

Equivalency Of Training (EOT) Application

Please read the accompanying two pages of instructions before you complete this application. You must also attach FDLE Form CJSTC 58 "Authority for Release of Information"

1. Personal information of the person who is applying:

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

Social Security Number: _____ Date of Birth: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Home Phone: (_____) - _____

Business Phone: (_____) - _____ Cell Phone: (_____) - _____

2. Please check one. I am seeking Equivalency of Training status as a:

<input type="checkbox"/> Law Enforcement Officer	<input type="checkbox"/> Corrections Officer
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3. My qualifying full-time employment as a law enforcement or corrections officer, which ended no more than 8-years prior to this application, was at the following agency:

Full Agency Name: _____

Agency Address: _____

City: _____ State: _____ Zip: _____

Telephone: (_____) - _____

I was employed from _____ to _____ as _____

If a second employer must be used to establish a cumulative one-year of full-time employment within an eighteen-month period, please complete the following:

Full Agency Name: _____

Agency Address: _____

City: _____ State: _____ Zip: _____

Telephone: (_____) - _____

I was employed from _____ to _____ as _____

4. The basic training that establishes my qualifications for this application may be verified at the following institution(s):

Full Name of the Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Class Number (if applicable): _____

Course Title: _____

Dates Attended: _____ to _____
(mm/dd/yyyy) (mm/dd/yyyy)

Full Name of the Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Class Number (if applicable): _____

Course Title: _____

Dates Attended: _____ to _____
(mm/dd/yyyy) (mm/dd/yyyy)

5. Have you ever applied for Equivalency of Training anywhere else in Florida?

No Yes (If yes, name the agency to which you applied) _____

6. Applicant's Signature and Acknowledgements

I, the undersigned, hereby swear and affirm the following:

1. All the information I have provided in this application is true and correct.
2. I am claiming eligibility for the Equivalency of Training path to certification as a law enforcement or corrections officer in Florida because I meet all of the basic training and full-time employment requirements.
3. I understand that an investigator will verify the information in this application and that any omission or falsification of a material fact will result in rejection of this application, and may prevent my future certification or employment as a law enforcement or correcting officer in Florida.
4. I understand that there are other legal requirements in Florida Statutes, and the rules established by the Florida Criminal Justice Standards and Training Commission (CJSTC), related to proficiency demonstration, examination, citizenship, high school education, criminal history, character of military discharge, and moral character, etc., which must be established in a full background investigation by a hiring agency prior to my certification or employment as a law enforcement or corrections officer in Florida.

(Signature of Applicant)

AFFIDAVIT

State of _____ County of _____

Before me personally appeared _____ who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Sworn to and subscribed before me this _____ day of _____, 200____. My commission expires on _____, 200____.

Notary Public

Personally known _____ or produced the following identification _____