

Lake County Criminal Justice Selection Center

<http://www.laketechnical.org/ips/>

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Institute of Public Safety
 1565 Lane Park Cutoff Rd
 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:

Full Name (*Last, First Middle*): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone #'s: Home (____) _____ - _____ Business (____) _____ - _____ Cell (____) _____ - _____

Email Address: _____ Social Security Number: _____

Race: _____ Sex: _____ Date of Birth: _____

Level of Education: High School Associates Bachelor's Masters Doctorate

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

Law Enforcement Officer Corrections Officer Correctional Probation Officer

3. My qualifying full-time employment as a law enforcement, corrections, or correctional probation 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 Code: _____

Telephone: (____) _____ - _____

Dates of Full-Time Employment: From _____ to _____ Position/Title: _____

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 Code: _____

Telephone: (____) _____ - _____

Dates of Full-Time Employment: From _____ to _____ Position/Title: _____

No person shall, on the basis of race, color, creed, religion, sex, age, handicap, marital status, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any educational program or activity under the direction of Lake Technical Center Board of Directors. Lake Technical Center is an Equal Opportunity Employer.

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

Full Name of Institution: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (_____) _____ - _____ Class Number (If Applicable): _____

Dates of Attendance: From _____ to _____ Course/Title: _____

Full Name of Institution: _____

Agency Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (_____) _____ - _____ Class Number (If Applicable): _____

Dates of Attendance: From _____ to _____ Course/Title: _____

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 law enforcement, corrections or correctional probation 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 correction 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, corrections or correctional probation officer in Florida.

Signature of Applicant: _____ **Date:** _____

AFFIDAVIT State of _____ County of _____

The foregoing instrument was acknowledged before me this _____ day of 20____ by _____
who is personally known to me _____ or has produced the following identification _____

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

Notary Signature: _____ Notary Seal: _____

Printed Name of Notary: _____