

CERTIFICATION OF GOOD MORAL CHARACTER

I, _____, an applicant for employment with, an employee of, a
(Name of Applicant/Employee)
contract provider, or volunteer with Agency for Persons with Disabilities, affirm and attest that I meet the Moral Character requirements for employment, as required by Chapter 435, Florida Statutes.

I have not been arrested with disposition pending or found guilty of regardless of adjudication, or entered a plea of nolo contendere or guilty to or have been adjudicated delinquent and the record has not been sealed or expunged for, any offense prohibited under any of the following provisions of the Florida Statutes or under any similar statute of another jurisdiction for any of the offenses listed below:

Relating to:

- ☐ Section 393.135 Sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct
- ☐ Section 394.4593 Sexual Misconduct with certain mental health patients and reporting of such sexual misconduct
- ☐ Section 415.111 adult abuse, neglect, or exploitation of aged persons or disabled adults of failure to report of such abuse
- ☐ Section 741.28 Criminal offenses that constitutes domestic violence, whether committed in Florida or another jurisdiction
- ☐ Section 777.04 Attempts, solicitations, and conspiracy to commit an offense listed in this subsection
- ☐ Section 782.04 Murder
- ☐ Section 782.07 Manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child
- ☐ Section 782.071 Vehicular homicide
- ☐ Section 782.09 Killing an unborn child by injury to the mother
- ☐ Chapter 784 Assault, battery, and culpable negligence, if the offense was a felony
- ☐ Section 784.011 Assault, if the victim of offense was a minor
- ☐ Section 784.03 Battery, if the victim of the offense was a minor
- ☐ Section 787.01 Kidnapping
- ☐ Section 787.02 False imprisonment
- ☐ Section 787.025 Luring or enticing a child
- ☐ Section 787.04(2) Taking, enticing, or removing a child beyond the state limits with criminal intent pending custody preceding
- ☐ Section 787.04(3) Carrying a child beyond the state lines with criminal intent to avoid producing a child at custody hearing or delivering the child to the designated person
- ☐ Section 790.115(1) Exhibiting firearms or weapons within 1,000 feet of a school
- ☐ Sec.790.0115(2)(b) Possessing an electric weapon or device, destructive device, or other weapon on school property
- ☐ Section 794.011 Sexual Battery
- ☐ Former 794.041 Prohibited acts of persons in familial or custodial authority
- ☐ Section 794.05 Unlawful sexual activity with certain minors
- ☐ Chapter 796 Prostitution

- ☐ Section 798.02 Lewd and lascivious behavior
- ☐ Chapter 800 Lewdness and indecent exposure
- ☐ Section 806.01 Arson
- ☐ Section 810.02 Burglary
- ☐ Section 810.14 Voyeurism, if the offense is a felony
- ☐ Section 810.145 Video voyeurism, if the offense is a felony
- ☐ Chapter 812 Theft and/or robbery and related crimes, if the offense was a felony
- ☐ Section 817.563 Fraudulent sale of controlled substances, if the offense was a felony
- ☐ Section 825.102 Abuse, aggravated abuse, or neglect of an elderly person or disabled adult
- ☐ Section 825.1025 Lewd or lascivious offenses committed upon or in the presence of an elderly or disabled adult
- ☐ Section 825.103 Exploitation of disabled adults or elderly persons, if the offense was a felony
- ☐ Section 826.04 Incest
- ☐ Section 827.03 Child Abuse, aggravated child abuse, or neglect of a child
- ☐ Section 827.04 Contributing to the delinquency or dependency of a child
- ☐ Former 827.05 Negligent treatment of a child
- ☐ Section 827.071 Sexual performance by a child
- ☐ Section 843.01 Resisting arrest with violence
- ☐ Section 843.025 Depriving 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 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 ADDITIONAL OFFENSES APPLY TO ALL APD EMPLOYEE, CONTRACT PROVIDER AND VOLUNTEER POSITIONS AT INTERMEDIATE CARE FACILITIES AND RESIDENTIAL FACILITIES:

The additional offenses listed below are also applicable for all employees and direct service providers at Intermediate Care Facilities and Residential Facilities, as set forth in Section 408.809, F.S. and Section 393.0655, F.S.:

Relating to:

- ☐ Section 393.0674 Felony offenses for the release or use of information from juvenile records
- ☐ Chapter 408 Felony offenses contained in Chapter 408
- ☐ Sec. 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 777.04 Attempts, solicitation, and conspiracy to commit an offense listed in this subsection
- ☐ Section 817.034 Fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems
- ☐ Section 817.234 False and fraudulent insurance claims
- ☐ Section 817.481 Obtaining goods by using a false or expired credit card or other credit device, if the offense was a felony
- ☐ Section 817.50 Fraudulently obtaining goods or services from a health care provider
- ☐ 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 medical drugs
- ☐ Section 831.31 The sale, manufacture, delivery or possession with the intent to sell, manufacture, deliver and counterfeit controlled substance, if the offense was a felony
- ☐ Section 895.03 Racketeering and collection of unlawful debts
- ☐ Section 896.101 Relating to the Florida Money Laundering Act

_____ I also affirm that I have not been designated as a sexual predator pursuant to ☐ s. 775.21; a career
(Initial)
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.

THE FOLLOWING ACKNOWLEDGEMENTS APPLY TO ALL APD EMPLOYEES, CONTRACT PROVIDERS, AND VOLUNTEERS. PLEASE INITIAL EACH ACKNOWLEDGEMENT.

_____ 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.

_____ I also understand that, while employed or volunteering at Agency for Persons with Disabilities in any position that requires a background screening as a condition of employment, I must immediately notify my supervisor/employer of any arrest, any notice of possible criminal prosecution including any violation or infraction mandating a court appearance. Reporting must be done immediately if during normal working hours or immediately the next business day if after normal working hours. Failure to do so could be grounds for termination.

_____ I understand that if I become the subject of an investigation for abuse, neglect, or inadequate supervision by the Department of Children and Families, I must report this to my immediate supervisor. Upon learning of such an investigation, I will report it immediately if during normal working hours, or immediately on the next business day if after normal working hours.

_____ I further understand that a verified finding of abuse, neglect, or inadequate supervision from the Department of Children and Families may constitute conduct unbecoming a public employee and misconduct, and that if I receive such a finding I am subject to immediate dismissal from employment with the Agency for Persons with Disabilities.

PLEASE SIGN EITHER STATEMENT A or B, BUT NOT BOTH.

Statement A:

I attest that I have read the above carefully and state that my attestation here is true and correct and 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 offenses. I also understand that it is my responsibility to obtain clarification on anything contained in this certification 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 Applicant/Employee: _____

Date of Signature: _____

OR

Statement B:

To the best of my knowledge and belief, **my records 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 letter granting such exemption.

Signature of Applicant/Employee _____

Date of Signature: _____