

Florida Department of Education
Division of Vocational Rehabilitation
BACKGROUND SCREENING
Application for Exemption from Disqualification

AUTHORITY: In accordance with section 413.208(2)(f), Florida Statutes, persons disqualified from employment with a service provider registered with the Division of Vocational Rehabilitation *may* be granted an exemption from disqualification. The granting of an exemption does not change an individual's criminal history. It only provides eligibility for employment by a provider registered to provide services pursuant to section 413.208.

An individual seeking an exemption must demonstrate by clear and convincing evidence that an exemption from disqualification should be granted. The application will be reviewed and a decision made once **all** relevant documentation listed below has been received.

A person may be eligible for an exemption from disqualification under section 413.208(2)(f) for:

- Felonies for which at least 3 years have elapsed since the applicant for the exemption has completed or been lawfully released from confinement, supervision, or nonmonetary condition imposed by the court for the disqualifying felony;
- Misdemeanors prohibited under any of the statutes cited in sections 435.04, 413.208(2)(e), or under similar statutes of other jurisdictions for which the applicant for the exemption has completed or been lawfully released from confinement, supervision, or nonmonetary condition imposed by the court;
- Offenses that were felonies when committed but that are now misdemeanors and for which the applicant for the exemption has completed or been lawfully released from confinement, supervision, or nonmonetary condition imposed by the court; or
- Findings of delinquency. For offenses that would be felonies if committed by an adult and the record has not been sealed or expunged, the exemption may not be granted until at least 3 years have elapsed since the applicant for the exemption has completed or been lawfully released from confinement, supervision, or nonmonetary condition imposed by the court for the disqualifying offense.

A person applying for an exemption who was ordered to pay any amount for any fee, fine, fund, lien, civil judgment, application, costs of prosecution, trust, or restitution as part of the judgment and sentence for any disqualifying felony or misdemeanor must pay the court-ordered amount in full before he or she is eligible for the exemption.

Persons designated as sexual predators, sexual offenders or career offenders are not eligible for an exemption from disqualification.

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APPLICATION CHECKLIST:

The following items must be included with this Application for Exemption from Disqualification:

- Arrest reports** for each offense listed on the criminal history report. The arrest report is a detailed narrative that explains the reason for your arrest. Arrest reports may be obtained from the law enforcement agency (police department, sheriff's office, etc.) that made the arrest.

- Court dispositions** for each offense listed on the criminal history report. Court dispositions may be obtained from the clerk of the court in the county in which you were arrested. The disposition is the court document that states what you were actually sentenced for and the conditions of your sentence.

- If you were given **probation or parole**, you will need a letter from the probation or parole department with the following information **required for each offense**: the date you started probation or parole; the date you are scheduled to terminate probation or parole; if you are eligible for early termination of probation or parole; if you have violated probation or parole; and if so, what was the violation.

- Signed statement**: Please write a detailed statement on each arrest explaining why you were arrested. You must include the victim's age and relationship to you and the sentence you received (probation, jail, prison, etc.). If your offense was related to theft, please include the item(s) and the approximate value of the item(s) stolen.
***Please make sure you sign the statement and have it notarized.**

- Provide **3-5 letters of reference**. One reference letter must be from a current or recent employer on the employer's letterhead. Other letters must be from individuals you have known for **at least two years** through contact at the workplace, community activities, education, or training centers. Individuals providing a letter of recommendation should include their name, address and telephone number for verification or possible interview.

- Documentation of rehabilitation**. Rehabilitation includes successful completion of a court-ordered treatment or counseling program, educational or training certificates, proof of participation in community activities, special recognition or awards received.

** Pursuant to § 837.06, F.S., whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in § 775.082, F.S., or § 775.083, F.S.*

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Where to send the application:

The Department of Education ("Department") reviews applications and makes decisions for exemptions from disqualification for individuals who must be screened pursuant to section 413.208, Florida Statutes.

Send your application to:

Background Screening Unit
Division of Vocational Rehabilitation
325 W. Gaines St., Suite 1144
Tallahassee, Florida 32399-0400

DO NOT EMAIL OR FAX THE APPLICATION.

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AUTHORITY: In accordance with section 413.208(2)(f), Florida Statutes, this application is submitted for an Exemption from Disqualification to seek employment/engagement by a provider registered to provide services pursuant to 413.208 for which employment/engagement was denied due to a disqualifying criminal history offense. Disclosure of your social security number is voluntary. VR will only use your social security number for purposes of verifying your identification.

NOTE: *The granting of an exemption by the Department of Education does not clear the criminal history. The exemption only provides eligibility for employment/engagement despite the presence of a disqualifying offense(s). The exemption only provides eligibility for employment/engagement despite the presence of a disqualifying offense(s). If granted, an exemption **may be voided** if you receive a judgment on a new disqualifying criminal offense after the date the exemption is issued.*

1. PERSONAL INFORMATION

Please select any of the following that apply:

- I **applied** for employment with a provider registered to provide services pursuant to s. 413.208 and must obtain an exemption before I can work.
- I am an owner, administrator, director, volunteer or chief financial officer for a provider that is currently registered or seeking registration to provide services pursuant to s. 413.208.

Last Name:	First Name:	Middle Name:	Maiden Name:
Mailing Address:		Phone Number (Area Code):	
City:	State:	Zip Code:	
Email: (Optional)			
**Social Security Number:	Date of Birth: <i>mm/dd/yyyy</i>	Sex: (Check one) <input type="checkbox"/> M <input type="checkbox"/> F	
List All Prior Names, Aliases, AKAs:			

*** The collection of social security numbers is imperative for the performance of the Department's duties and responsibilities in accordance with § 119.071(5)(a)2.a (II), F.S., relating to background screening under § 413.208, F.S. Your social security number will be used to verify your identification.*

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Have you applied for an exemption from disqualification with another state agency? (Please check one) <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, provide the following information:</i>	
State Agency where exemption request was submitted: (i.e. Department of Children and Families, Department of Health, etc.)	
Date application submitted:	Date of decision:
Exemption decision: (Please check one) <input type="checkbox"/> Granted <input type="checkbox"/> Denied <input type="checkbox"/> Withdrawn <input type="checkbox"/> Still under review	
NOTE: <i>Even if you have received an exemption from disqualification from another state agency, you are still required to apply for an exemption through this agency. Proof of exemption must be provided with the application. The Department will take into consideration any exemption that is granted through another state agency when making a decision, but prior exemptions are not binding on the Department. The Department will make an independent determination regarding your request for exemption.</i>	

2. EMPLOYMENT INFORMATION FOR EXEMPTION APPLICATION

Name of Provider where you are employed or seeking employment:		
Job position with Provider for which you are requesting an exemption:		
Street Address:	Phone Number (Area Code)	
City:	State:	Zip Code:

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3. EMPLOYMENT HISTORY

Identify the name and address of each employer, supervisor, address, telephone number, dates of employment and your job responsibilities for the last five (5) years. **Please explain any breaks in employment that exceed 3 months.** Attach additional sheets if necessary.

Current or Most Recent Employer:		Supervisor's Name:	
Address:		Phone Number (Area Code)	
Job Title:		Employment Dates:	
Job Responsibilities:			
Reason for Leaving:			
Employer:		Supervisor's Name:	
Address:		Phone Number (Area Code)	
Job Title:		Employment Dates:	
Job Responsibilities:			
Reason for Leaving:			

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Employer:	Supervisor's Name:
Address:	Phone Number (Area Code)
Job Title:	Employment Dates:
Job Responsibilities:	
Reason for Leaving:	
Employer:	Supervisor's Name:
Address:	Phone Number (Area Code)
Job Title:	Employment Dates:
Job Responsibilities:	
Reason for Leaving:	
Employer:	Supervisor's Name:
Address:	Phone Number (Area Code)
Job Title:	Employment Dates:
Job Responsibilities:	
Reason for Leaving:	

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4. EDUCATION HISTORY

Please complete the following and include copies of any certificates, diplomas, and licenses if applicable. What is your highest level education complete?

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Did not complete High School | <input type="checkbox"/> AA Degree | <input type="checkbox"/> Doctorate |
| <input type="checkbox"/> GED or equivalent | <input type="checkbox"/> BS/BA Degree | <input type="checkbox"/> Other: |
| <input type="checkbox"/> High School Diploma | <input type="checkbox"/> Master Degree | |

5. CONFIRMATION TO REQUEST AN EXEMPTION REVIEW

By submitting this application I formally request an exemption review in accordance with section 413.208(2) (f), Florida Statutes. The information in this application and the documents I have provided are true and correct. I understand that it is my responsibility to provide clear and convincing evidence that I should not be disqualified from being employed or otherwise engaged by a Vocational Rehabilitation (VR) service provider registered under section 413.208, Florida Statutes. I also understand that the decision of the Department of Education regarding this exemption may be contested through a hearing requested under the provisions of Chapter 120, Florida Statutes.

I understand that information and documents submitted in this application are public records and shall be subject to public inspection as provided for in Chapter 119, Florida Statutes, except for information exempted by law from public viewing.

Please Print Your Name

Signature

Date