# **AFFIDAVIT OF GOOD MORAL CHARACTER**



## AFFIDAVIT OF GOOD MORAL CHARACTER

State of Florida		County of	
Before me this day p	ersonally appeared	(Applicant's/Employee's Name)	who, being duly
sworn, deposes and	says:		
Psychamerica Beh	avioral Services LLC,	loyee of, a volunteer for, or an applicant to affirm and attest under penalty of perjury the equired by the Florida Statutes and rules, in	hat I meet the moral
plea of nolo contend expunged for, any of	er or guilty to or have bee fense prohibited under a	ding or found guilty of, regardless of adjudi en adjudicated delinquent and the record h ny of the following provisions of the Florida of the offenses listed below:	nas not been sealed o
	Relating to:		
Section 393.135 394.4593 Section 415.111 741.28 782.04 Section 782.07 Section 782.07 Section 782.09	sexual misconduct with certain sexual misconduct with certain adult abuse, neglect, or exploit criminal offenses that constitut murder manslaughter, aggravated man of a child vehicular homicide killing an unbom quick child by		conduct ort of such abuse Section other jurisdiction Section
Chapter 784 Section 784.011 Section 784.03 Section 787.01 Section 787.02 Section 787.025 Section 787.04(2) 787.04(3)	assault, if the victim of offense battery, if the victim of offense kidnapping false imprisonment luring or enticing a child taking, enticing, or removing a	was a minor  child beyond the state limits with criminal intent pending at the lines with criminal intent to avoid producing a child at a	
Section 790.115(1) Section 790.115(2) (b) 794.011 Former Section 794.041 Section 794.05 Chapter 796 Section 798.02 Chapter 800 Section 806.01 Section 810.02 Section 810.14 810.145	exhibiting firearms or weapons	within 1,000 feet of a school or or device, destructive device, or other weapon on school amilial or custodial authority ortain minors ure	ol property Section

abuse, aggravated abuse, or neglect of an elderly person or disabled adult

exploitation of disabled adults or elderly persons, if the offense was a felony

lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult

Section 826.04 incest
Section 827.03 child abuse, aggravated child abuse, or neglect of a child

825.102

Section 825.1025

Section 825.103

#### AFFIDAVIT OF GOOD MORAL CHARACTER – Part II

Section 827.04 contributing to the delinquency or dependency of a child

Former Section 827.05 negligent treatment of children sexual performance by a child resisting arrest with violence

Section 843.025 depriving a 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(1) 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 APPLIES ONLY TO THOSE APPLICANTS FOR MENTAL HEALTH POSITIONS

In addition to the Chapter 435, F.S., listed offenses, the following offenses are also applicable for "Mental Health Personnel" screened pursuant to section 394.4572, F.S., defined as program directors, professional clinicians, staff members, or volunteers working in a public or private mental health program or facility who have direct contact with individuals held for examination or admitted for mental health treatment. The additional offenses apply only to "Mental Health Personnel" as determined pursuant to Section 408.809, F.S. as listed below:

### Relating to:

Chapter 408 felony offenses contained in Chapter 408

Section 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 817.034 fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems Section

817.234 false and fraudulent insurance claims

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 medicinal drugs

Section 831.31 the sale, manufacture, delivery, or possession with the intent to sell, manufacture, deliver any counterfeit controlled

substance, if the offense was a felony.

I also affirm that I have not been designated as a sexual predator pursuant to s. 775.21; a career 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.

# **AFFIDAVIT OF GOOD MORAL CHARACTER – Part III**

I understand that I must acknowledge the existence of any of offenses including those under any similar statute of and records have been sealed or expunged. Further, I understated Big Bear Behavioral Health screening as a condition of employment, I must immediately any changes in my criminal record involving any of the above statutes of another jurisdiction whether a misdemeanor or fe business day of such arrest or charge. Failure to do so could	other jurisdiction, regardless of whether or not those and that, while employed or volunteering atin any position that requires background or notify my supervisor/employer of any arrest and relisted provisions of Florida Statutes or similar elony. This notice must be made within one
attest that I have read the above carefully and state the record does not contain any of the above listed offer employees in such positions of trust or responsibility shaqualifying for employment and agreeing to inform the endisqualifying offenses. I also understand that it is my recontained in this affidavit which I do not understand pricefalsifications, misstatements or misrepresentations may and, if I am hired, may be grounds for termination or de	nses. I understand, under penalty of perjury, all all attest to meeting the requirements for apployer immediately if arrested for any of the sponsibility to obtain clarification on anything or to signing. I am aware that any omissions, disqualify me from employment consideration
SIGNATURE OF AFFIANT:	
Sign Above OR Below, DO	NOT Sign Both Lines
To the best of my knowledge and belief, my record contain or offenses listed above. I have placed a check mark be previously been granted an exemption for this disqualifying exemption.) (Please circle the number which corresponds to	y the offense(s) contained in my record. (If you have offense, please attach a copy of the letter granting such
SIGNATURE OF AFFIANT:	
Sworn to and subscribed before me this day of	, 20
	SIGNATURE OF NOTARY PUBLIC, STATE OF FLORIDA
(Print, Type, or Stamp Commissioned Name of Notary Public)	-
(Check one) Affiant personally known to notary OR	
Affiant produced identification	
Type of identification produced:_	

## **LOCAL LAW ENFORCEMENT CHECK**

**Instructions to Applicant:** Take this form to the local Sheriff's department in person, in the county where you live, to have this form completed. **Bring your Driver's License. There might be a fee (\$5-\$10 – ask in advance)** 

Pursuant to Chapter 85-54, Laws of Florida, we request a local records check on the

Last Name		First Name		Middle Name	
			l live in	County	
Date of Birth	Race	Sex			
criminal convictions convictions	and to release	e to the above	e-named agency	and all records pertaining any information regardi	
X Applicant's Signature			 Date		
Applicant's signature	₹		Dale		
Please document	the findings and i	return to the appli	cant, or mail to ou	or office at PSYCHAMERICA	
BEH	IAVIORAL SERVICE	S INC - 2700 Wes	thall Ln #207 Maitle	and FL 32751	
LAW ENFORCEMEN	NT FINDINGS: (PLL	EASE WRITE BELO	W OR AΠACH)		
LAW ENFORCEMEN	NT FINDINGS: (PL	EASE WRITE BELO	W OR ATTACH)		
LAW ENFORCEMEN	NT FINDINGS: (PLE	EASE WRITE BELO	W OR ATTACH)		