FDLE

OFFICER CERTIFICATION APPLICATION

Florida Department of Law Enforcement

Incorporated by Reference in Rule 11B-27.002(2)(a), F.A.C.



1.	Social Security Number:		2		ployment Date:	Law Enforcement
3.	Applicant's Name:	Santiago, Jafet	6		tification Type: e of Birth:	Law Enforcement
	certificate or proof of	me shall match the app citizenship. Supporting do t be maintained on file at th	olicant's birth	lat.	ant's signature	3-1-17 Date
5.	Agency ORI Number:	FL0050000	•	•		
	Agency Name:	Brevard County Sheriff's	Office			* *
. T	he following are requir	ements for certification as a	an officer:			11
7	Minimum age of 19			V	Physician's Ass	sessment form CJSTC-75
7	U.S. Citizenship			V	Drug Screening	Results
1	High School Gradu	ate or Equivalent		V	Affidavit of App	licant Form CJSTC-68
7	Background Investi	gation form CJSTC-77		V	Completion of E	Basic Recruit Training
	Proof of military dis	charge, if applicable		V	Acceptable Sco	ore on Officer Certification Examination
7	Fingerprint Respon	se or Fingerprint Notification	n form CJSTC-6	2 🔽	Documentation	supporting legal name change, if applicable
	reby attest that I have disions of Section 943.1	(3(1)-(10), F.S., or any rule				3/1/17
	risions of Section 943.1					1. 3/1/17 Date
o (tisions of Section 943.1	(3(1)-(10), F.S., or any rule ministrator DA, COUNTY OF Brown	AFF	The form	to. 1 T oregoing instrum	nent was acknowledged before me this
o (tisions of Section 943.1	(3(1)-(10), F.S., or any rule ministrator	AFF	The form	to. 1 T oregoing instrum	nent was acknowledged before me this
o (STATE OF FLORID	(3(1)-(10), F.S., or any rule ministrator DA, COUNTY OF Brown	AFF		T oregoing instrun	nent was acknowledged before me this
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o (STATE OF FLORID	A, COUNTY OF Brown and identification. Type of Many DEBRAL. M.	AFF	FIDAVI . The fo	T oregoing instrun personally knov	nent was acknowledged before me this
2.	STATE OF FLORID or who has produce Notary's Signature	DEBRAL. MA Notary Public, State of May compt. evigines May 1	AFF Vava identification: Florida 17, 2019	FIDAVI The forwhor is	T oregoing instrum personally know	nent was acknowledged before me this yn module amp Commissioned Name of Notary witnessing the agency administrator or
2.	STATE OF FLORID or who has produce Notary's Signature	DEBRAL. MA Notary Public, State of May compt. evigines May 1	AFF Vava identification: Florida 17, 2019	FIDAVI The forwhor is	T oregoing instrum personally know	nent was acknowledged before me this yn mood amp Commissioned Name of Notary
2.	STATE OF FLORID or who has produce Notary's Signature	DEBRAL. MA Notary Public, State of May compt. evigines May 1	AFF Vava identification: Florida 17, 2019	FIDAVI The fi who is comple	Toregoing instrum personally know Print, type, or sta	nent was acknowledged before me this wn modular amp Commissioned Name of Notary witnessing the agency administrator or ock. met for certification as an officer.
2.	STATE OF FLORID or who has produce Notary's Signature Notary Seal designee's signing	DEBRAL. MA Notary Public, State of May compt. evigines May 1	AFF VAVA identification: if Florida 17, 2019 VALUE STATE CJSTC	FIDAVI The fi who is comple	Toregoing instrum personally know Print, type, or sta	nent was acknowledged before me this yn module amp Commissioned Name of Notary witnessing the agency administrator or

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Florida Department of Law Enforcement

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	Number:		4.	Corti	fication Type:	Law Enforcement
3.	Applicant's Name:	Santiago, Jafet	6.		of Birth:	Law Emorcement
	certificate or proof or	me shall match the applicant's birtl f citizenship. Supporting documentation t be maintained on file at the employing	n	pp lica	J. S. Signature	1 -1-17 Date
5.	Agency ORI Number:	FL0050000	•			
7.	Agency Name:	Brevard County Sheriff's Office				
	The following are require	rements for certification as an officer:				
7	Minimum age of 19	r		V	Physician's As	sessment form CJSTC-75
7	U.S. Citizenship			V	Drug Screening	g Results
Z	High School Gradu	ate or Equivalent		V	Affidavit of App	dicant Form CJSTC-68
7	Background Invest	igation form CJSTC-77		V	Completion of	Basic Recruit Training
7		charge, if applicable		V	Acceptable Sc	ore on Officer Certification Examination
7		se or Fingerprint Notification form CJST	C-62		•	supporting legal name change, if applicable
he rov	visions of Section 943.	collected, verified, and have on file docu 13(1)-(10), F.S., or any rule adopted pur ministrator	suant	thereto	. 1	1. 3/1/17 Date
го\ 0. (visions of Section 943.	13(1)-(10), F.S., or any rule adopted pur ministrator	suant	thereto	1	1. 3///7 Date nent was acknowledged before me this
0. (visions of Section 943.	13(1)-(10), F.S., or any rule adopted pur Ministrator DA, COUNTY OF Brevard	AFFII	thereto DAVIT The for	1 regoing instrur	nent was acknowledged before me this
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0 (visions of Section 943. Lisa Gillis, Agency Ad STATE OF FLORID	13(1)-(10), F.S., or any rule adopted pur Ministrator DA, COUNTY OF Brevard	AFFII	thereto DAVIT The for	1 regoing instrur	
0. (STATE OF FLORID or who has produce	DA, COUNTY OF Browns By: Lise Gills	AFFII	DAVIT The for	regoing instrur	vn 🗸
0. (state of Floric or who has produce Notary's Signature	DEBRA L. MOODY Notary Public. State of Florida	AFFII	DAVIT The for	regoing instrurtersonally known	Mood, amp Commissioned Name of Notary
0. (state of Floric or who has produce Notary's Signature Notary Seal	DA, COUNTY OF Brovard By: Lisa Gills ed identification. Type of identification DIEBRAL, MOODY	AFFIIIwww.www.www.www.www.	DAVIT The for	regoing instrurtersonally known and the control of	amp Commissioned Name of Notary
0. (state of Floric or who has produce Notary's Signature Notary Seal	DEBIAL MOODY Notary Public, State of Florida Notary Public, St	AFFII	DAVIT The for	regoing instrur personally know Debra Crint, type, or st Upor e the notary ble ents have been	amp Commissioned Name of Notary

Affidavit of Applicant



	nforcemen		Incorporated by Reference in Rule 11B-27.002(1)(f), F.A.C.		68
2. App		gal Nam	Please type or print in black or blue ink and use capital and small letters for names, titles, and addresses ber: me: Santiago, Jafet Brevard County Sheriff's Office		
			your compliance with the employment requirements of Section 943.13, F.S. I fully understand that to qualify for employ on all probation officer, I shall comply with the following provisions of Section 943.13, F.S.:	yment as a law	v enforcement,
•	Be a citi: Be a hig Not have false sta contend	zen of th h school e been c tement. ere to or	rears of age. the United States. of graduate or equivalent. convicted of any felony or of a misdemeanor involving perjury or it. Any person who, after July 1, 1981, pleads guilty or nolo or is found guilty of a felony or of a misdemeanor involving the statement shall not be eligible for employment or appointment as an officer, notwithstanding suspens witholding of adjudication. Have been fingerprinted by the employing agency. Have passed a physical examination by a licensed in Rule 11B-27.002(1)(d), F.A.C Be of good moral character. Have not received a dishonorable discharge from the statement shall not be eligible for employment or	medical specia	alist approved
Trug	False	NA	In addition, I attest to the following statements. Each statement shall be checked "True" or "False" or "NA"		
			 I completed my employment application and it is true and correct, and all other information I furnished in conjunction and correct. 	with my applica	ation is true
			I provided documentation of proof of my qualifications to the above listed employing agency.		
			3. I meet the qualifications as specified above.		
			 4. I had a criminal record sealed pursuant to Section 943.059(4)(a), F.S., or expunged pursuant to Section 943.0585(4)(5. I am under investigation by a local, state or federal agency or entity for criminal, civil, or administrative wrongdoing to 		y knowledge
			and belief.		
			6. I separated or resigned from a previous criminal justice employment while under investigation.		
			7. I am currently serving in good standing in the U.S. Military.		
		 3	1 previously served in the U.S. Military. I received a dishapemble discharge from my previous LLS. Military service.		
			 I received a dishonorable discharge from my previous U.S. Military service. I am currently certified as a Florida criminal justice officer in the following area(s): Please check the appropriate box(e 	ae)	
			The state of the s	جی. ctional Probat	tion
				Monai Probat	uon
			11. I authorize the employing agency listed above to apply for my certification. Please check the appropriate box(es). IV (aw Enforcement □ Correctional □		
				ctional Probat	
Crimina	al Justice	Standa	nt shall constitute as an official statement within the purview of Section 837.06, F.S., and is subject to verification by the lards and Training Commission. Any intentional omission when submitting this application or false execution of this condidegree and disquality the officer for employment as an officer.		
affidavi	it, a notan	public :	FULLY BEFORE SIGNING. You must complete the remainder of this affidavit in the presence of a notary public. Upon with shall complete the notary block by entering the same date the affidavit is signed. I hereby certify that to the best of my intered on this form is true. 13. Date Signed	tnessing your knowledge a	signing of this and belief, the
7	physaucs	Olyriada	Date digited	and the state of the	
STATI	E OF FLO	ORIDA,	14. OATH Pursuant to Section 117.05(13)(a), Florida Statutes COUNTY OF FORAY d	overenie visioni 2000 deutenie deut. A	
) and subscribed before me this		
day of	m	rch	year 2017 By Jafet Santiago		
	\triangle	H	M // SUVOYZ		
Signal	LJ	D	DEBRA L. MOODY ry Public, State of Florida		•
Print,	30	Stenipi	illOoAxpiissid/iiigii Aante of Notary Public No. FF 231418	٠.	
PERS	hality KH	shton A	Agency 1800)451-4354		

*NOTE: Private Correctional facilities must submit original and shall forward the completed affidavit stapled to the Registration of Employment, Affidavit of Compliannce Form CJSTC-60 to FDLE, Criminal Justice Professionalism Program, Post Office Box 1489, Tallahassee, Florida 32302-1489, Attention Records Section



REGISTRATION OF EMPLOYMENT AFFIDAVIT OF COMPLIANCE

Incorporated by Reference in Rule 11B-27.002(2), F.A.C.



	Please type or print in black or blue ink and use capital	and	small letters to write names, addresses, and titles				
1.	Social Security Number:	11.	Employment Type & Class Full-Time Law Enforcement				
2.	Officer's Name: Santiago, Jafet	12.	If officer completed auxiliary training, does agency have proof of				
3.	Date of birth:		required high liability training on file?				
4.	Ethnic group or race: Hispanic	40	Is this officer requesting an equivalency-of-training? If yes, maintain				
5.	Sex: Male	13.	on file the following forms: Equivalency-of-Training form CJSTC-76				
6.	Education: High School		for out-of-state or Federal Officers and the Equivalency-of-Training Proficiency Demonstration form CJSTC-76A.				
Note:	: To receive educational salary incentive, complete the Higher Education Report Form CJSTC-63.		☐ Yes ☑ No				
7.	Agency ORI: FL0050000	14.	Does the agency have the results of this officer's processed fingerprints on file: If yes, please indicate the date you received the				
8.	Agency Name: Brevard County Sheriff's Office		fingerprint results from the Florida Department of Law Enforcement or the FBI.				
9.	Employment Date: 2/27/2017		☑ Yes Date: 1/12/2017 ☐ No				
10.	Is this officer employed under a Temporary Employment Authorization? If yes, complete the Temporary Authorization form CJSTC-65.	15.	Does the agency have on file the seven-panel controlled substance screening results as required in Rule 11B-27.00225? Yes No				
	☐ Yes 🗹 No	16.	Has the agency completed a background investigation and have on file all documents required in Chapter 27, F.A.C.?				
			Yes D No				
_	gency Administrator or Designee's Signature 700	Co S. f ville	HR Manager Sheriff's Office 18. Park Ave. FL 32780 64-5212				
	20. C Pursuant to Section 117.0						
STAT	E OF FLORIDA, COUNTY OF BYENEY	.,.					
Swor	n to (or affirmed) and subscribed before me this _/S+						
	Delu Mons		, by LISA G: Ilis				
Signa	ature of Notary Public - State of Florida						
5	DEBRA L. MOODY Notary Public, State of Florida						
Print,	Type, or Stamp Commissionet/name of Notary Public No. FF 231416						
Pers	Personality Kribanton Agencials (1900) 451-4854 Type of Identification Produced						

An officer shall not be employed in a sworn status until all requirements of Section 943.13, F.S. have been met.



Rick Swearingen, Commissioner

Member Center Inbox Track Sent Logout

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Sent: 1/12/2017 3:30:08 PM (GMT-05:00) Expires: 7/12/2017 3:30:08 PM (GMT-04:00) From: Applicantchecks3@fdle.state.fl.us

Subject: Results of check for SANTIAGO-MIRANDA, JAFET (70SX05B0000013651)

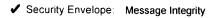
To:

RECRUITMENT@BCSO.US

***** Applicant Information As Submitted In Transaction *****







✓ Server Encryption: Message is protected with strong encryption.

✓ Secure Session: Securely view and download this message.

occurry view and download this message.

RSA SSL Encryption

Copyright



Florida Department of Law Enforcement

AUTHORITY FOR RELEASE



CJSTC 58

Concerned Person or Authorized Representative of Any Organization,

OF INFORMATION (Background Investigation Waiver)		
Incorporated by Reference in Rule 11B-27.0022(2)(a), F.A.C.	Total Rose And The	
APPI ICANT'S NAME: IAFET SANTIAGO		

Institution or Repository of Records DATE OF BIRTH: LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER AGENCY REQUESTING BACKGROUND INFORMATION: Brevard County Sheriff's Office ADDRESS: 700 Park Ave. Titusville, FL 32780 Having made application for certification or employment as a law enforcement, correctional, or correctional probation officer within the state of Florida, I hereby authorize for one year, from the date of execution hereof, any authorized representative of a Florida criminal justice agency or a Regional Criminal Justice Selection Center bearing this release to obtain any information pertaining to my employment, credit history, education, residence, academic achievement, personal information, work performance, background investigations, polygraph examinations, any and all internal affairs investigations or disciplinary records, including any files that are deemed to be confidential and/or sealed. I also authorize release of any criminal justice records of arrests, citations, detentions, probation and parole records, or any police reports or other police records in which I may be named for any reason, including any files that are deemed to be juvenile and confidential. I hereby direct you to release this information upon the request of the bearer, whether in person or by correspondence. I further authorize the bearer to make copies of these records. This release is executed with the full knowledge and understanding that these records and information are for the official use of a Florida criminal justice agency or Regional Criminal Justice Selection Center in fulfilling official responsibilities, which may include sharing the records or information with other criminal justice agencies, Regional Criminal Justice Selection Centers or the State of Florida or release to third parties as may be required by Florida public records laws. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A copy of this form will be as effective as the original. I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or copies from my military personnel and related medical records, including a copy of my DD 214, Report of Separation, or other official documents from the United States Military denoting discharge status or current active military status to: **Brevard County Sheriff's Office** ction 768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former or current employees states: An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or of the former or current employee, is immune from civil liability for such disclosure of its consequences, unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under chapter 760, Florida Statutes. Pursuant to Sections 943.134(2)(a) and (4), F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information. 1/11/17 Applicant's Signatur Date Applicant's Address OATH Pursuant to Section 117.05(13)(a), Florida Statutes STATE OF Florida _COUNTY OF Brevard Sworn to (or affirmed) and subscribed before me this 11 day of JANUARY , year 2017, By of Notary Public - State of Florida JUDITH ROBINSON Print, Type, or Stamp Commissioned name of Notary Public Notary Public, State of Florida My comm. expires Nev. 23, 2017 No. FF 58459 Personally Known OR Produced Identification Bonded thru Ashton Agency, Inc. (890)451-4854 Type of Identification Produced FL DL

Effective: 8/9/2001 Pursuant to Sections 943.134(2)(a) and (4), F.S. Original - Employing Agency

1 of 1

Commission-Approved Revisions: 12/16/10

Form Effective Date: 3/2013



Florida Department of Law Enforcement

EMPLOYMENT BACKGROUND INVESTIGATIVE REPORT

Incorporated by Reference in Rule 11B-27.002(3)(a)2., F.A.C.



CJSTC

	Please type or print in black or blue ink and use capital and small letters for names, titles, and addresses							
	This form must be attached to the Registration of Employment, Affidavit of Compliance form CJSTC-60.							
1.	Officer's Name: Santiago		Jafet	M				
	Last		First	MI				
2.	Social Security Number:		3.	Agency ORI: FL 0050000				
4.	Agency Name: Brevard County	Sheriff's Office	·					
5.	Disciplines: Law Enforcemen	t: Correctional Pr	obation: Railroad Po	lice: Correctional Concurrent				
6.	Results of Background Check:							
	Mandatory Checks Previous Employment FCIC Record NCIC Record Local Law Enforcement Military History Controlled Substances	Satisfactory Unsa	FDLE was contacted VIA ATMS On January 24 Date previous criminal jumps	Via Telephone , 2017 for information on the applicant's				
[Recommended	Satisfactory	Unsatisfactory	Not Utilized				
	Job Related Psychological Examination	X						
	Polygraph Examination	x		П				
	Neighborhood Check	×						
	 7. Applicant Admits To: Having previously committed an act, which constitutes a felony or misdemeanor even if previously not detected, not arrested not prosecuted including, but not limited to, theft, possession of illegal drugs, fraud, etc. Describe: 8. Current and Recent Illegal Use of Controlled Substance (Indicate type and date last used): 							
ſ	☐ Marijuana ☐ C	ocaine	Opiates					
į	Designer Drugs Investigative Findings. Please description	Otherribe below, any findings contrar	Noney to Section 943.13(4) and (7), F.S	., admitted acts, and other drug use:				
	establishes that the applicant has a applicant, and that documentation of a signature and Attestment of Backg	significant history of prior unla background investigation is on round Investigator:	s agency that the applicant	red by an agency. If the background investigation hall recommend that the agency does not hire the Date:				