



Florida Department of Law Enforcement

OFFICER CERTIFICATION APPLICATION

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



CJSTC
59

- 1. Social Security Number: [REDACTED]
- 2. Employment Date: **2/27/2017**
- 3. Applicant's Name: **Santiago, Jafet**
- 4. Certification Type: **Law Enforcement**
- 6. Date of Birth: [REDACTED]

*The applicant's name shall match the applicant's birth certificate or proof of citizenship. Supporting documentation of name change must be maintained on file at the employing agency.

8. *Jafet Santiago* *2-1-17*
 Applicant's signature Date

- 5. Agency ORI Number: **FL0050000**
- 7. Agency Name: **Brevard County Sheriff's Office**

9. The following are requirements for certification as an officer:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Minimum age of 19 | <input checked="" type="checkbox"/> Physician's Assessment form CJSTC-75 |
| <input checked="" type="checkbox"/> U.S. Citizenship | <input checked="" type="checkbox"/> Drug Screening Results |
| <input checked="" type="checkbox"/> High School Graduate or Equivalent | <input checked="" type="checkbox"/> Affidavit of Applicant Form CJSTC-68 |
| <input checked="" type="checkbox"/> Background Investigation form CJSTC-77 | <input checked="" type="checkbox"/> Completion of Basic Recruit Training |
| <input checked="" type="checkbox"/> Proof of military discharge, if applicable | <input checked="" type="checkbox"/> Acceptable Score on Officer Certification Examination |
| <input checked="" type="checkbox"/> Fingerprint Response or Fingerprint Notification form CJSTC-62 | <input checked="" type="checkbox"/> Documentation supporting legal name change, if applicable |

I hereby attest that I have collected, verified, and have on file documentation open for Commission inspection that the applicant has met the provisions of Section 943.13(1)-(10), F.S., or any rule adopted pursuant thereto.

10. *Lisa Gillis* 11. *3/1/17*
 Lisa Gillis, Agency Administrator Date

AFFIDAVIT

12. STATE OF FLORIDA, COUNTY OF *Brevard*. The foregoing instrument was acknowledged before me this *3-1-17* By: *Lisa Gillis* who is personally known

or who has produced identification. Type of identification: _____

Debra L. Moody
 Notary's Signature

Debra L. Moody
 Print, type, or stamp Commissioned Name of Notary

Notary Seal:

Upon witnessing the agency administrator or designee's signing of this affidavit, the Notary Public shall complete the notary block.

NOTE: This form should ONLY be submitted after all requirements have been met for certification as an officer.

<u><i>C. Roaume</i></u> FDLE Field Specialist's Name	CJSTC USE ONLY <u><i>3/10/17</i></u> Review Date
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Florida Department of Law Enforcement

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 Notary's Signature

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CJSTC USE ONLY	
FDLE Field Specialist's Name	Review Date

Affidavit of Applicant

Incorporated by Reference in Rule 11B-27.002(1)(f), F.A.C.



CJSTC
68

Please type or print in black or blue ink and use capital and small letters for names, titles, and addresses

1. Social Security Number: [REDACTED]
2. Applicant's Legal Name: **Santiago, Jafet**
3. Employing agency: **Brevard County Sheriff's Office**

Use this form to verify your compliance with the employment requirements of Section 943.13, F.S. I fully understand that to qualify for employment as a law enforcement, correctional, or correctional probation officer, I shall comply with the following provisions of Section 943.13, F.S.:

- Be at least 19 years of age.
- Be a citizen of the United States.
- Be a high school graduate or equivalent.
- Not have been convicted of any felony or of a misdemeanor involving perjury or false statement. Any person who, after July 1, 1981, pleads guilty or nolo contendere to or is found guilty of a felony or of a misdemeanor involving perjury or a false statement shall not be eligible for employment or appointment as an officer, notwithstanding suspension of a sentence or withholding of adjudication.
- Have been fingerprinted by the employing agency.
- Have passed a physical examination by a licensed medical specialist approved in Rule 11B-27.002(1)(d), F.A.C..
- Be of good moral character.
- Have not received a dishonorable discharge from the U.S. Military.

True False NA In addition, I attest to the following statements. Each statement shall be checked "True" or "False" or "NA"

1. I completed my employment application and it is true and correct, and all other information I furnished in conjunction with my application is true and correct.
2. 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)(a), F.S.
5. I am under investigation by a local, state or federal agency or entity for criminal, civil, or administrative wrongdoing to the best of my 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.
8. I previously served in the U.S. Military.
9. I received a dishonorable discharge from my previous U.S. Military service.
10. I am currently certified as a Florida criminal justice officer in the following area(s): Please check the appropriate box(es).
 Law Enforcement Correctional Correctional Probation
11. I authorize the employing agency listed above to apply for my certification. Please check the appropriate box(es).
 Law Enforcement Correctional Correctional Probation

NOTICE: This document shall constitute as an official statement within the purview of Section 837.06, F.S., and is subject to verification by the employing agency and the Criminal Justice Standards and Training Commission. Any intentional omission when submitting this application or false execution of this affidavit shall constitute a misdemeanor of the second degree and disqualify the officer for employment as an officer.

PLEASE READ CAREFULLY BEFORE SIGNING. You must complete the remainder of this affidavit in the presence of a notary public. Upon witnessing your signing of this affidavit, a notary public shall complete the notary block by entering the same date the affidavit is signed. I hereby certify that to the best of my knowledge and belief, the information that I've entered on this form is true.

12. [Signature]
Applicant's Signature

13. 3-1-17
Date Signed

14. 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 1st

day of March, year 2017, By Jafet Santiago

Signature of Notary Public, State of Florida

DEBRA L. MOODY
Notary Public, State of Florida
Print, Type, or Stamp Commission Expires May 17, 2019
No. FF 231418
Personal/ Known _____ Type of Identification Produced _____

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

FDLE

Florida Department of Law Enforcement

REGISTRATION OF EMPLOYMENT AFFIDAVIT OF COMPLIANCE

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



CJSTC 60

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: [REDACTED]
- 2. Officer's Name: **Santiago, Jafet**
- 3. Date of birth: [REDACTED]
- 4. Ethnic group or race: **Hispanic**
- 5. Sex: **Male**
- 6. Education: **High School**
- 7. Agency ORI: **FL0050000**
- 8. Agency Name: **Brevard County Sheriff's Office**
- 9. Employment Date: **2/27/2017**
- 10. Is this officer employed under a Temporary Employment Authorization? If yes, complete the Temporary Authorization form CJSTC-65. Yes No
- 11. Employment Type & Class **Full-Time Law Enforcement**
- 12. If officer completed auxiliary training, does agency have proof of required high liability training on file? Yes No
- 13. Is this officer requesting an equivalency-of-training? If yes, maintain on file the following forms: Equivalency-of-Training form CJSTC-76 for out-of-state or Federal Officers and the Equivalency-of-Training Proficiency Demonstration form CJSTC-76A. Yes No
- 14. Does the agency have the results of this officer's processed fingerprints on file: If yes, please indicate the date you received the fingerprint results from the Florida Department of Law Enforcement or the FBI. Yes **Date: 1/12/2017** No
- 15. Does the agency have on file the seven-panel controlled substance screening results as required in Rule 11B-27.00225? Yes No
- 16. Has the agency completed a background investigation and have on file all documents required in Chapter 27, F.A.C.? Yes No

I hereby certify that I have collected, verified, and am maintaining on file evidence that the applicant has met the provisions of Section 943.13(1)-(8) and 943.131, F.S., or any rule adopted pursuant thereto. I fully understand that this affidavit constitutes an official statement under the purview of Section 837.06, F.S., is subject to verification by the Criminal Justice Standards and Training Commission, and any intentional false execution of this affidavit constitutes a misdemeanor of the second degree.

17. *Lisa Gillis* **Lisa Gillis, HR Manager** 18. 3/1/17
 Agency Administrator or Designee's Signature **Brevard Co. Sheriff's Office** Date
 700 S. Park Ave.
 Titusville, FL 32780
 (321) 264-5212

19. Agency Administrator or Designee's Printed Name and Title

20. OATH

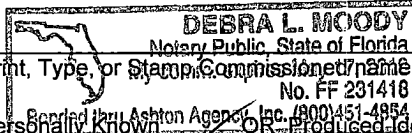
Pursuant to Section 117.05(13)(a), Florida Statutes

STATE OF FLORIDA, COUNTY OF Brevard

Sworn to (or affirmed) and subscribed before me this 1st

day of March, year 2017, By LISA G. Gillis

Debra L. Moody
Signature of Notary Public - State of Florida



Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known OR Produced Identification _____ 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.

**FLORIDA DEPARTMENT OF
LAW ENFORCEMENT**

Rick Swearingen, Commissioner

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Tracking:#18266613

Sent: 1/12/2017 3:30:08 PM (GMT-05:00)

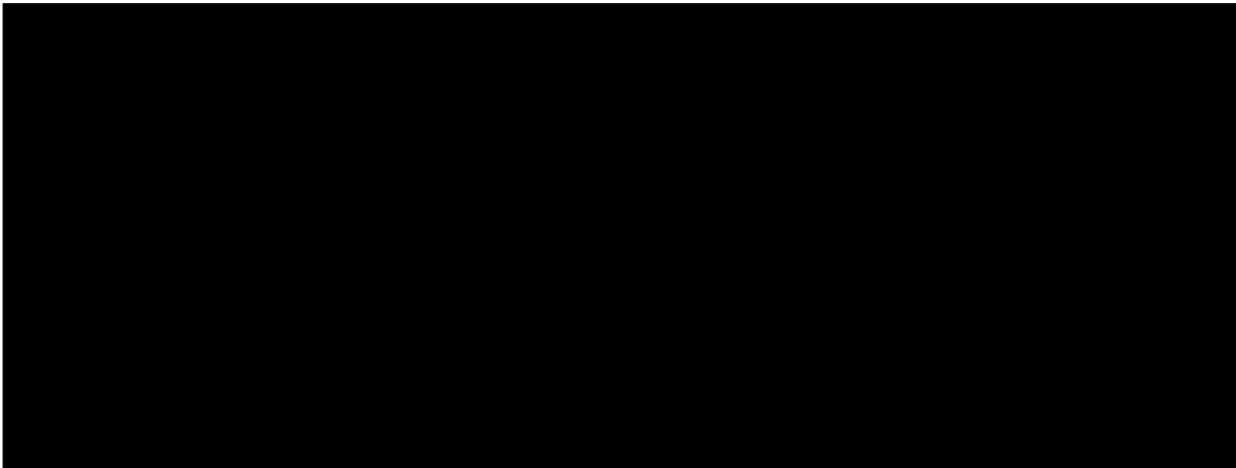
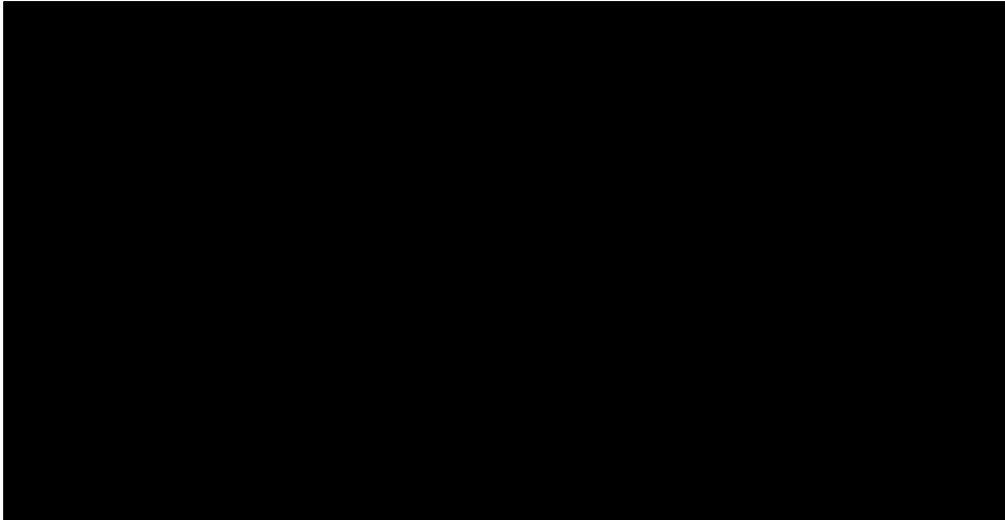
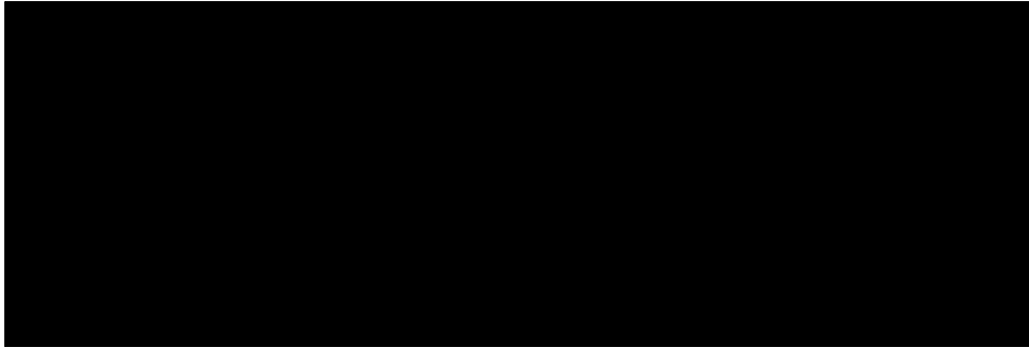
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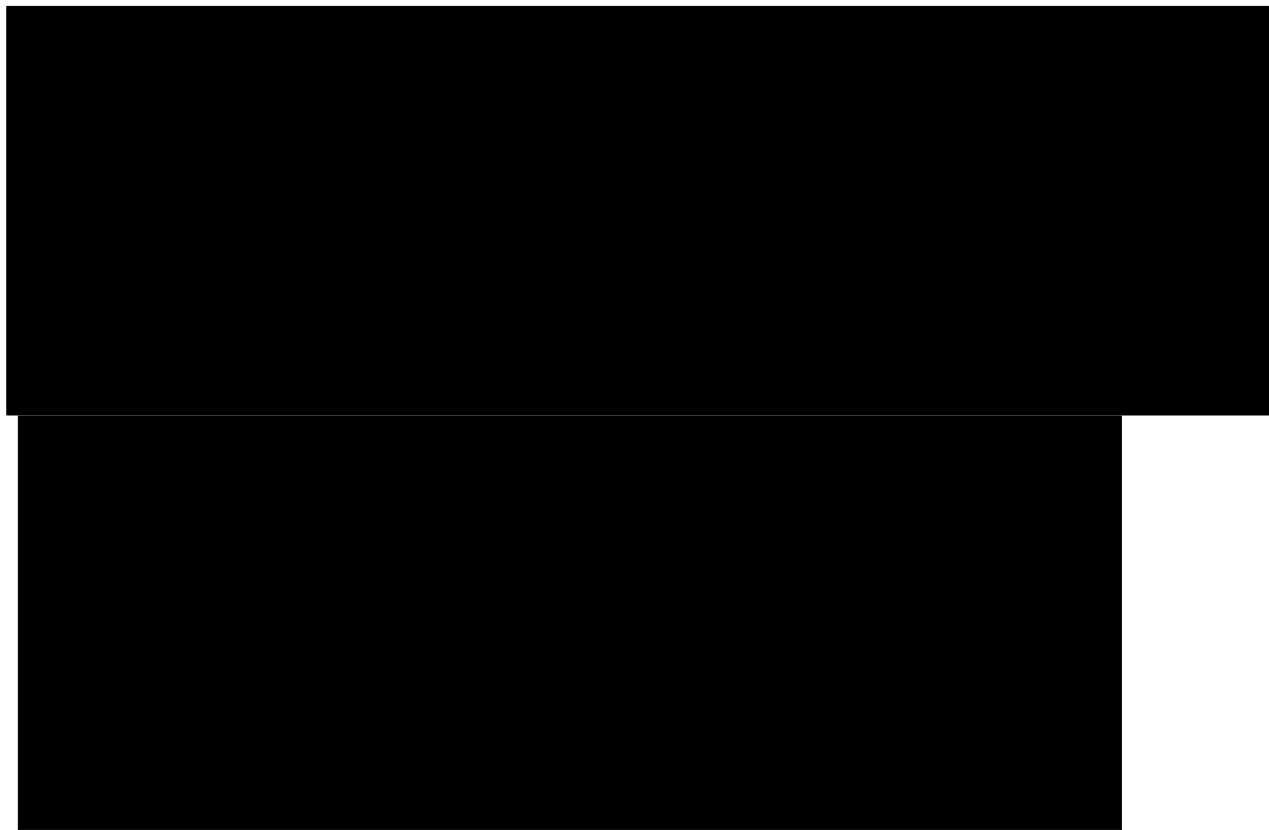
From: Applicantchecks3@fdle.state.fl.us

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

To: RECRUITMENT@BCSO.US

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





- ✓ Security Envelope: Message Integrity
- ✓ Server Encryption: Message is protected with strong encryption.
- ✓ Secure Session: Securely view and download this message.



Copyright



Florida Department of Law Enforcement

EMPLOYMENT BACKGROUND INVESTIGATIVE REPORT

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



CJSTC
77

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: [REDACTED] 3. Agency ORI: FL 0050000

4. Agency Name: Brevard County Sheriff's Office

5. Disciplines: Law Enforcement: Correctional Probation: Railroad Police: Correctional Concurrent

6. Results of Background Check:

Mandatory Checks	Satisfactory	Unsatisfactory	FDLE was contacted
Previous Employment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> VIA ATMS <input type="checkbox"/> Via Telephone On <u>January 24, 2017</u> for information on the applicant's Date previous criminal justice employments or Commission action.
FCIC Record	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
NCIC Record	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Local Law Enforcement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Military History	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Controlled Substances	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Recommended	Satisfactory	Unsatisfactory	Not Utilized
Job Related Psychological Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polygraph Examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighborhood Check	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Applicant Admits To: Having previously committed an act, which constitutes a felony or misdemeanor even if previously not detected, not arrested or 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):

Marijuana _____ Cocaine _____ Opiates _____
 Designer Drugs _____ Other _____ None _____

9. Investigative Findings. Please describe below, any findings contrary to Section 943.13(4) and (7), F.S., admitted acts, and other drug use:

Rule 11B-27.0011, FAC, requires an applicant's moral character to be carefully examined before hired by an agency. If the background investigation establishes that the applicant has a significant history of prior unlawful conduct, the Commission shall recommend that the agency does not hire the applicant, and that documentation of a background investigation is on file.

10. Signature and Attestment of Background Investigator: Cpl. S. [Signature] Date: 1/31/17

I hereby verify based on the above factors considered by this agency that the applicant is of good moral character as required by Section 943.13(7), F.S.

11. Signature of Employing Agency Administrator or Designee (Required) [Signature] 02/15/17
(Date Signed)