



THE CITY OF DAYTONA BEACH

Conviction History Disclosure Form

Position Applying for: (Exact Title)			
Last Name		First Name	Middle Initial
Street Address		Apt. No.	Home Telephone Number () -
City	State	Zip Code	Alternate Telephone Number () -
E-mail Address		Social Security Number	

IMPORTANT: You will be asked to submit a copy of this form each time you are being considered for a position. Please keep a copy for your records. **NOTE:** A conviction record or adjudication will not be an automatic barrier to employment. Failure to disclose an accurate conviction history may result in non-hire or later dismissal.

CONVICTION HISTORY

Please read and complete the following sections carefully:

1. Have you ever been convicted of any offense against the law, or pleaded nolo contendere (no contest), or had adjudication withheld, or entered a court sponsored program, or forfeited collateral, or are you now under charges for any offense against the law, including DUI or DWI? YES NO
2. Have you been arrested and are currently out on bail or out on your own recognizance pending trial?
 YES NO

If you answered **NO**, please sign and date the CERTIFICATION OF APPLICANT below.

If you answered **YES**, please complete page 2; then sign and date the CERTIFICATION OF APPLICANT below.

CERTIFICATION OF APPLICANT (please read carefully): I hereby certify that all statements made in this Conviction History Disclosure Form are true and complete to the best of my knowledge. I understand that any false, incomplete or incorrect statement, regardless of when discovered, may result in my disqualification or dismissal from employment with the City of Daytona Beach.

Date: _____

Signature of Applicant: _____

APPOINTING AUTHORITY/DESIGNEE ONLY

____ I, the Appointing Authority/Designee, certify that I have reviewed this Conviction History Disclosure Form and accompanying criminal history report and determined that the particular convictions and/or circumstances thereof disclosed by the applicant or reported in the criminal history will or will not (circle) disqualify the applicant from this particular position in the above-referenced department.

____ The statements made in this Conviction History Disclosure Form are false, inaccurate, or incomplete and will result in disqualification or dismissal from employment.

Date: _____

Appointing Authority/Designee _____

Please attach additional pages if necessary:

Offense or Case Name (provide code or section if known)	Conviction Date (on or about)	Where Violation Occurred (City, County, State)	Court Penalty Imposed (sentence & status)

OPTIONAL: Please provide any additional explanation you would like us to consider.
