ATTACHMENT E-2

CHILD CARE

ATTESTATION OF GOOD MORAL CHARACTER

State of Florida

County __________

Before me this day personally appeared ___________________________ who, being duly sworn, deposes and says:

(Applicant’s/Employee’s Name)

As an applicant for employment with, an employee of, a volunteer for, or an applicant to volunteer with ___________________________, I affirm and attest under penalty of perjury that I meet the moral character requirements for employment, as required by Chapter 435, Florida Statutes, in that:

I have not been arrested with disposition pending or found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, or have been adjudicated delinquent and the record has not been sealed or expunged for, any offense prohibited under any of the following provisions of the Florida Statutes or under any similar statute of another jurisdiction for any of the offenses listed below:

Relating to:

Section 393.135 sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct
Section 394.4593 sexual misconduct with certain mental health patients and reporting of such sexual misconduct
Section 415.111 adult abuse, neglect, or exploitation of aged persons or disabled adults or failure to report of such abuse
Section 741.28 criminal offenses that constitute domestic violence, whether committed in Florida or another jurisdiction
Section 777.04 attempts, solicitation, and conspiracy
Section 782.04 murder
Section 782.07 manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child
Section 782.07(1) vehicular homicide
Section 782.09 killing an unborn child by injury to the mother
Chapter 784 assault, battery, and culpable negligence, if the offense was a felony
Section 784.011 assault, if the victim of offense was a minor
Section 784.03 battery, if the victim of offense was a minor
Section 787.01 kidnapping
Section 787.02 false imprisonment
Section 787.025 luring or enticing a child
Section 787.04(2) taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceeding
Section 787.04(3) carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person
Section 790.115(1) exhibiting firearms or weapons within 1,000 feet of a school
Section 790.115(2) (b) possessing an electric weapon or device, destructive device, or other weapon on school property
Section 794.011 sexual battery
Former Section 794.041 prohibited acts of persons in familial or custodial authority
Section 794.05 unlawful sexual activity with certain minors
Chapter 796 prostitution
Section 798.02 lewd and lascivious behavior
Chapter 800 lewdness and indecent exposure
Section 806.01 arson
Section 810.02 burglary
Section 810.14 voyeurism, if the offense is a felony
Section 810.145 video voyeurism, if the offense is a felony
Chapter 812 theft and/or robbery and related crimes, if a felony offense
Section 817.563 fraudulent sale of controlled substances, if the offense was a felony
Section 825.102 abuse, aggravated abuse, or neglect of an elderly person or disabled adult
Section 825.1025 lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult
Section 825.103 exploitation of disabled adults or elderly persons, if the offense was a felony
Section 826.04 incest
Section 827.03 child abuse, aggravated child abuse, or neglect of a child
Section 827.04 contributing to the delinquency or dependency of a child
Former Section 827.05 negligent treatment of children
Section 827.071 sexual performance by a child
Section 843.01 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
I understand that I must applicable acknowledge the existence of any criminal record relating to the above lists of offenses including those under any similar statute of another jurisdiction, regardless of whether or not those records have been sealed or expunged. Further, I understand that, while employed or volunteering at ___________________________ in any position that requires background screening as a condition of employment, I must immediately notify my supervisor/employer of any arrest and any changes in my criminal record involving any of the above listed provisions of Florida Statutes or similar statutes of another jurisdiction whether a misdemeanor or felony. This notice must be made within one (1) business day of such arrest or charge. Failure to do so could be grounds for termination.

I attest that I have read the above carefully and state that my attestation here is true and correct that my record does not contain any of the above listed offenses. I understand, under penalty of perjury, all employees in such positions of trust or responsibility shall attest to meeting the requirements for qualifying for employment and agreeing to inform the employer immediately if arrested for any of the disqualifying offenses. I also understand that it is my responsibility to obtain clarification on anything contained in this affidavit which I do not understand prior to signing. I am aware that any omissions, falsifications, misstatements or misrepresentations may disqualify me from employment consideration and, if I am hired, may be grounds for termination or denial of an exemption at a later date.

SIGNATURE OF AFFIANT: ______________________________________________________

Sign Above OR Below, DO NOT Sign Both Lines

To the best of my knowledge and belief, my record contains one or more of the applicable disqualifying acts or offenses listed above. I have placed a check mark by the offense(s) contained in my record. (If you have previously been granted an exemption for this disqualifying offense, please attach a copy of the letter granting such exemption.) (Please circle the number which corresponds to the offense(s) contained in your record.)

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