



# BACKGROUND HISTORY REPORT FORM

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**INSTRUCTIONS:** PLEASE COMPLETE THIS FORM FOR ALL INCIDENTS FOR WHICH YOU WERE CONVICTED, OR ENTERED A PLEA OF NOLO CONTENDERE, OR HAD ADJUDICATION OF GUILT WITHHELD. USE A SEPARATE FORM FOR EACH INCIDENT AND DO NOT LEAVE ANY SECTIONS BLANK. ATTACH COPIES OF ALL DOCUMENTS REQUESTED BELOW. NOTE: YOUR APPLICATION IS INCOMPLETE WITHOUT THIS INFORMATION.

<b>1. APPLICANT NAME:</b> _____	<b>DATE OF BIRTH:</b> _____
<b>2. NAME &amp; ADDRESS OF ARRESTING AGENCY:</b> (ATTACH POLICE ARREST REPORT) _____	<b>CASE #:</b> _____
	<b>DATE ARRESTED:</b> _____
<b>3. CHARGE(S):</b> (LIST ALL CHARGES CONNECTED WITH ARREST & INDICATE WHETHER FELONY OR MISDEMEANOR): _____ _____ _____	
<b>4. NAME, ADDRESS &amp; PHONE NUMBER OF COURT WHERE SENTENCED:</b> _____	<b>CASE #:</b> _____
	<b>DATE SENTENCED:</b> _____
<b>5. DISPOSITION OF CHARGE(S):</b> (INDICATE DISPOSITION OF EACH CHARGE AT TIME OF SENTENCING)	
<input type="checkbox"/> NOT GUILTY _____ <input type="checkbox"/> GUILTY _____	
<input type="checkbox"/> ADJ. WITHHELD _____ <input type="checkbox"/> NOLLE PROSSED _____	
<input type="checkbox"/> OTHER (SPECIFY) _____	
<b>6. TERMS OF SENTENCE:</b> (LIST DETAILS OF EACH TERM BELOW & ATTACH COURT DOCUMENTS)	
<input type="checkbox"/> INCARCERATION _____ <input type="checkbox"/> PROBATION _____	
<input type="checkbox"/> RESTITUTION _____ <input type="checkbox"/> REHAB/TREATMENT _____	
<input type="checkbox"/> FINE _____ <input type="checkbox"/> HOUSE ARREST _____	
<input type="checkbox"/> COMMUNITY SERVICE _____ <input type="checkbox"/> OTHER (SPECIFY) _____	
<b>7. HAVE ALL TERMS OF SENTENCE BEEN COMPLETED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO (IF "YES", ATTACH PROOF; IF "NO" EXPLAIN)	
_____ _____ _____	
<b>8. IF CONVICTED OF A FELONY, HAVE YOUR CIVIL RIGHTS BEEN RESTORED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, ATTACH PROOF)	

