

# PERSONNEL ACTION REQUEST FORM

Completed

This screen may contain information that is confidential under state or federal law. Improper access or release of such information may be a violation of these laws.

## TYPE OF ACTION

Appointments	Reason	Effective Date	PAR Number
Orig Appt - CS & CS Comparable		11/18/2022	000004748052

## NAME

Appointment ID	First Name	Middle Name	Last Name
	CODY	DANIEL	LORD

## TO POSITION

Position Title:	CORRECTIONAL OFFICER
Position Number:	70003654
Pay Band / Grade:	007
Org Code:	703220094922000000000000 - MAIN-SECURITY
FLAIR Org Code:	70020900102
Salary Range:	31,200 - 100,794
Broadband / Class Code:	33-3012-01
Broadband / Class Title:	CORRECTIONAL ENFORCEMENT
Included / Excluded:	Included
Pay Plan / OPS Type:	Career Service
Position FTE:	1.00
Appointment FTE:	1.00
Agency:	Department of Corrections
Facility Number:	F4437
411 Phone:	386-496-6000
City:	LAKE BUTLER
Work County:	063 - Union
Position Overlap:	

## SALARY

### CURRENT

### NEW

Period:		Biweekly
Base Salary:	0.00	1,600.00
Total Period Salary:	0.00	1,600.00

## APPROVAL

Appt ID	Name	Status	Approved	Date/Time Stamp
	WILLIAM R KIENAST	Submitted		11/16/2022 15:21:42
	JOSHUA WILLIAM BROOKS S	Approved	- MADISON ELIZABETH RO	11/18/2022 09:40:18
	WILLIAM R KIENAST	Acted upon	- WILLIAM R KIENAST	11/18/2022 15:30:12

## NOTES / COMMENTS

WILLIAM R KIENAST 11/16/2022 15:21:41  
THIS IS AN ORIGINAL APPOINTMENT INTO A CAREER SERVICE CORRECTIONAL OFFICER TRAINEE POSITION, IN ACCORDANCE TO ELIGIBILITY PER FS 943.13. UPON SUCCESSFUL COMPLETION OF THE TRAINING COURSE AND PASSING THE FDLE EXAM, THE EMPLOYEE WILL BE PLACED IN PROBATIONARY STATUS FOR A TWELVE (12) MONTH PERIOD.

MADISON ELIZABETH ROSS 11/18/2022 09:40:17  
Never participated in FRS.

## Bonus Eligible

If a new hire is already a certified CO, s/he will receive a one-time hiring bonus payment on the first available supplemental pay cycle after her/his effective date.



FLORIDA  
DEPARTMENT of  
CORRECTIONS

CLEAR FORM

Governor

RON DESANTIS

Secretary

RICKY D. DIXON

501 South Calhoun Street, Tallahassee, FL 32399-2500

www.dc.state.fl.us

This letter is to confirm a career service appointment to the class of Correctional Officer for the following candidate:

Full Name: Cody Lord

Hire Location: Reception & Medical Center

Position #: 003654 Effective date: 11/18/22 Appointment Rate: \$ 1,600.00

CAD Amount: \$ 0.00 Eligible Counties: Broward, Dade, Martin, Okeechobee, St. Lucie, Palm Beach, Monroe, Indian River, Broward

Hiring Bonus: ☒ \$1,000 High Vacancy ☐ N/A

**Remaining Requirements:**

Your continued employment in the class is contingent upon completing the remaining requirements and providing the required documentation listed below within 30 days of hire. Items received before hire are marked below.

- ☒ Passing Drug Test
- ☒ Passing Physical Exam
- ☐ Name Change Documents (adoption, marriage license, divorce decree, etc.)
- ☐ Military records
- ☒ CJBAT passing score
- ☐ Court Documents (related to criminal Charges)
- ☒ Other VOE

In keeping with 110.201 F.S., each of the above will be verified as true and correct by the Office of Human Resources. Should you fail any of the above employment requirements or through the additional documents provided you are determined ineligible for the correctional officer position, you will subject to disciplinary action up to and including termination.

[Signature]  
Hiring Authority Signature

11-15-22  
Date

[Signature]  
Applicant Signature

11/14/2022  
Date

★INSPIRING SUCCESS BY TRANSFORMING ONE LIFE AT A TIME ★

PAR #  
4748052





**FLORIDA DEPARTMENT OF CORRECTIONS**  
**NON-SECURITY STAFF INSTRUCTIONS FOR REPORTING INAPPROPRIATE INMATE BEHAVIOR**

The Department of Corrections (DC) is committed to providing a safe and humane working environment for all of its employees. Due to the nature of DC's mission, which requires the housing and security of all custody levels of inmates, most employees, regardless of whether they are security staff, are potentially exposed to inappropriate inmate behavior. It is the Department's goal to minimize such exposure and to take prompt corrective action when such behavior occurs. There are mechanisms in place to help curb inappropriate behavior such as the imposition of disciplinary confinement and loss of privileges for the offending inmate; however, these tools are effective deterrents only to the extent that the inappropriate behavior is properly identified. To help further the Department's goal of prompt identification and correction of inappropriate inmate behavior, all employees are reminded of the following:

1. If you are a witness to what you perceive as inappropriate inmate behavior, you should immediately contact the nearest security staff member. Security staff should be told of your concerns and will take prompt corrective action to ensure that any immediate safety or security concerns are addressed. If you are unsure as to whether the behavior was inappropriate, security staff will inform you. If you believe that security staff was not responsive to your concerns, you should inform the officer-in-charge (OIC) and your immediate supervisor at the earliest opportunity. You should complete an incident report detailing the information that you provided to security staff and the response that you received. If you are unsure as to where to access incident reports and as to the information that it should contain, either the officer in charge or your immediate supervisor can provide instructions.
2. If the inmate behavior was inappropriate, you will be expected to write a disciplinary report (DR). A disciplinary report outlines the inappropriate behavior and is used as the basis for the imposition of disciplinary confinement and/or loss of privileges for the inmate. Each dormitory should have the appropriate paperwork to complete a disciplinary report. If you are unsure as to where to access a report and/or how to complete it, security staff can assist you.
3. You should also inform your immediate supervisor of any inappropriate inmate behavior and follow her/his instructions as to whether an incident report should also be completed. It may not be necessary to complete an incident report in all instances if a disciplinary report has already been completed; however, in every case, either a disciplinary report or an incident report should be written in order to properly document the inmate's behavior.
4. A disciplinary report hearing is usually held within seven days of the disciplinary report being issued. If you wish to know the results of the hearing and the nature and extent of any discipline imposed on the inmate, the officer-in-charge can provide you with this information.

Please remember that corrective action operates as both a punishment and a deterrence for the inmate. It also allows the Department to properly assess the security risks posed by the inmate to ensure a proper classification level. By working together to promptly identify any inappropriate conduct by inmates, both security staff and non-security staff help to ensure the safety and security of the public, inmates, visitors, and staff members of the Department.

By signing this document, the undersigned represents that s/he has read and fully understands the information contained herein.

  
Employee or Worker Name (Print)

  
Employee or Worker Signature

11-18-2002  
Date



## FLORIDA DEPARTMENT OF CORRECTIONS

### Oath of Allegiance:

I do solemnly swear or affirm that I will uphold the Constitutions of the United States and the State of Florida, that I will obey the lawful orders of those appointed over me, and that I will perform my duties faithfully and in accordance with my mission to ensure the public safety, the support and protection of my co-workers, and the care and supervision of those in my charge. so help me God.

\* In the Oath of Allegiance, employees may strike through the phrase "so help me God" when the employee affirms rather than swears.

### Code of Conduct:

- I. I will never forget that I am a public official sworn to uphold the Constitutions of the United States and the State of Florida.
- II. I am a professional committed to the public safety, the support and protection of my fellow officers, and co-workers, and the supervision and care of those in my charge. I am prepared to go in harm's way in fulfillment of these missions.
- III. As a professional, I am skilled in the performance of my duties and governed by a code of ethics that demands integrity in word and deed, fidelity to the lawful orders of those appointed over me, and, above all, allegiance to my oath of office and the laws that govern our nation.
- IV. I will seek neither personal favor nor advantage in the performance of my duties. I will treat all with whom I come in contact with civility and respect. I will lead by example and conduct myself in a disciplined manner at all times.
- V. I am proud to selflessly serve my fellow citizens as a member of the Florida Department of Corrections.

Cody Ford  
Employee's Printed Name

Cody Ford  
Employee's Signature

11-18-22  
Date

# OATH OF LOYALTY

I, Cody Lord, a citizen/resident of the State of Florida and of the United States of America, and being employed by or an officer of the Department of Corrections and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

Cody Lord Cody Lord  
Signature

STATE OF Florida

COUNTY OF Alachua

The foregoing instrument was acknowledged before me this 19 day of November, 2022 by Cody Lord, who has produced F.D.A. as identification and who did not take an oath.

Lisa S. Hattaway  
Signature of Notary Public



LISA S HATTAWAY  
Commission # GG 211727  
Expires April 26, 2022

Bonded thru Budget History Services  
Printed Notary Public Name

(Seal)





**FLORIDA  
DEPARTMENT of  
CORRECTIONS**

Governor

**RON DESANTIS**

Secretary

**MARK S. INCH**

501 South Calhoun Street, Tallahassee, FL 32399-2500

[www.dc.state.fl.us](http://www.dc.state.fl.us)

**EQUAL EMPLOYMENT OPPORTUNITY & ANTI-HARASSMENT STATEMENT**

The Florida Department of Corrections hereby affirms our commitment to equal employment opportunity and to maintaining a work environment that is free of discrimination for all employees and applicants without regard to an individual's race, sex, religion, national origin, age, disability, genetic information or marital status

Equal protection against discrimination will be afforded to all in recruitment, hiring, and promotion at all job levels within the Department. Other personnel matters (such as compensation, benefits, transfers, retention, discipline, Department-sponsored training, education, and social and recreational programs) will also be administered in accordance with equal employment opportunity requirements. In keeping with this commitment, we will not tolerate harassment of Department employees by anyone, including any manager, supervisor, co-worker, vendor, or others engaged in business with the Department.

Harassment is verbal, physical or visual conduct based on an individual's race, color, sex, national origin, religion, disability, age, genetic information or marital status. The Department will not tolerate harassing conduct that: (1) adversely affects tangible job benefits or other employment opportunities; (2) involves repeated actions, comments, or objects that unreasonably interfere with an individual's work performance, or (3) creates an intimidating, hostile, or offensive work environment. Examples of harassment include, but are not limited to, the use of epithets or name calling, derogatory language, pranks, slurs, offensive jokes, and other forms of hazing motivated by an individual's race, sex, religion, color, national origin, disability, age, marital status or genetic information.

Sexual harassment is a form of discrimination based upon a person's gender. It is defined as unwelcome sexual advances, requests for sexual favors, and other verbal, physical or visual conduct of a sexual nature when: (1) submission to the conduct is an explicit or implicit term or condition of employment, (2) submission to or rejection of the conduct is used as a basis for an employment decision, or (3) the conduct has the purpose or effect of unreasonably interfering with an individual's work performance or of creating an intimidating, hostile, or offensive work environment.

Sexual harassment includes, but is not limited to, unwelcome requests or demands for sexual favors or unwelcome sexual advances; inappropriate nonconsensual touching of another person's body, including but not limited to kissing, pinching, groping, or fondling; repeated requests for dates or invitations to social events; use of sexually degrading words to describe an individual; jokes of a sexual nature, sexually explicit or suggestive objects, and use of inappropriate gestures or body language of a sexual nature.

Employment practices will be administered in a nondiscriminatory manner for any qualified employee or applicant with a disability that can, with or without a reasonable accommodation, perform the essential functions of the job. Requests for accommodation may be made through Central Office, Human Resources Department, 501 South Calhoun Street, Tallahassee, Florida 32399; telephone number 850-717-3202.

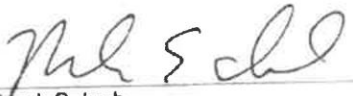
Because the Department is committed to equal employment opportunity, any form of employment discrimination, including retaliation, is strictly prohibited. No employee may be subjected to retaliation as a result of filing a complaint, testifying, assisting, or participating in an investigation, proceeding, or hearing with regard to discrimination, or otherwise opposing any unlawful discriminatory practice prohibited by the Department's policy and related state and federal laws.


It is the Department's policy to investigate complaints of discrimination thoroughly and promptly. To the extent allowed by law, the Department will keep complaints confidential. If an investigation confirms that unlawful harassment has occurred, the Department will take corrective action. Such action may include discipline up to and including dismissal. (Note: Any person who has harassed another or retaliated against another may also be subject to civil or criminal liability under state or federal law.)

Any employee who knowingly files a false complaint of discrimination and/or harassment shall be subject to disciplinary action up to and including dismissal. However, employees who have acted in good faith and on reasonable grounds to believe that discrimination and/or harassment has occurred shall not be subject to discipline.

An employee or applicant who believes she or he has been subjected to harassment, retaliation and/or discrimination on the basis of race, color, sex, national origin, religion, age, disability, marital status or genetic information may file a complaint through the Department's internal complaint procedure of the alleged incident or the most recent incident if the unlawful violation has been continuing action. Internal complaints must be filed within 365 days. Complaints filed with the Department must be filed with the appropriate intake officers in the Office of Human Resources in Central Office, 501 South Calhoun Street, Tallahassee, Florida 32399; telephone number is: 850-717-3202

Employees and applicants may also file a complaint with the Florida Commission on Human Relations at (800) 342-8170 within 365 days or the U. S. Equal Employment Opportunity Commission at (800) 669-4000, within 300 days.

  
Mark S. Inch  
Secretary

  
David Arthmann  
Equal Employment Opportunity Officer

5/3/19  
Date

5/2/19  
Date



## FLORIDA DEPARTMENT OF CORRECTIONS

### NOTICE OF RANDOM DRUG TESTING REQUIREMENTS FOR EMPLOYEES

Florida Statutes authorize the Florida Department of Correction to have in place a random drug abuse testing program for employees. Random drug testing for employees shall be conducted in compliance with procedures established in s.112.0455, Florida Statutes, especially 112.0455 (8), (9), and (12), and any subsequent amendments to the aforementioned law.

#### Definitions:

Drug – For the purpose of this procedure only, amphetamines, cannabinoids, cocaine, phencyclidine (PCP), hallucinogens, methaqualone opiates, barbiturates, benzodiazepines, synthetic narcotics, designer drugs or a metabolite of any substances listed herein.

Drug Test – Any chemical, biological or physical instrumental analysis administered for the purpose of determining the presence of drugs or its metabolites. A drug test is an S-panel urine test (amphetamines, cannabinoids, cocaine, phencyclidine, methaqualone opiates, barbiturates, and benzodiazepines.)

#### Tests Authorized:

Random – The selection of employees for random drug testing shall be made by a scientifically valid method, such as a computer-generated random number table. Employees shall have an equal chance of being tested each time selections are made. The department may randomly select an annual minimum of 10% of the employees identified as subject to random testing.

#### Refusal to Submit to a Random Drug Test:

- ❖ No employee shall refuse to submit to a random drug test.
- ❖ Refusals to submit to a drug test by an employee or any evidence of an attempt to defeat the validity of the test shall result in the employee being disciplined up to and including dismissal.

#### Positive Test Results:

- ❖ Any employee, except for those designated as special risk, who receives a first time positive drug test result shall be given a mandatory referral to the Employee Assistance Program (EAP). The employee shall be required to complete all substance abuse related programs deemed appropriate by the EAP's service provider.
- ❖ Employees in special risk positions who receive a first time positive drug test result shall immediately be removed from their position and shall be dismissed.
- ❖ Any employee who fails to complete such program as indicated above, or who receives a second positive drug test result shall be dismissed.

I HAVE READ AND UNDERSTAND THE ABOVE NOTICE REGARDING RANDOM DRUG TESTING. THIS NOTICE IS PROVIDED TO ALL EMPLOYEES OF THE DEPARTMENT OF CORRECTIONS.

  
Signature

  
Date

  
Printed Name

Department of Corrections

**DRIVER'S LICENSE REQUIREMENT AND  
MANDATORY SAFETY RESTRAINT USE**

I understand that when acting as a passenger or operator of a state-owned, leased, or privately-owned vehicle in the official conduct of state business, failure to use seat belts or occupant restraint systems shall be considered improper use of such vehicle. Failure to use safety equipment may result in disciplinary action as outlined in Department of Corrections Rule 33-208 and/or possible reduction in worker's compensation benefits in accordance with Florida Statutes 440.09(5).

I understand a valid driver's license is required in order to operate a department-owned vehicle, or to operate my personal vehicle for department business. I further understand that operation of a department-owned vehicle or operation of my personal vehicle for department business without possession of a valid driver's license may result in disciplinary action as outlined in Department of Corrections Rule 33-208 and/or civil or criminal penalties in accordance with Chapter 322, Florida Statutes.

I UNDERSTAND THAT THIS IS A DEPARTMENT POLICY, AND I DO AGREE TO COMPLY.

Cody Lord  
Signature of Employee

Cody Lord  
Employee's Printed Name

11/18/22  
Date

[REDACTED]  
Last 4 Digits of Social Security Number

## FLORIDA DEPARTMENT OF CORRECTIONS

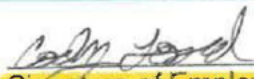
### ACKNOWLEDGMENT OF RESPONSIBILITY TO MAINTAIN CONFIDENTIALITY OF MEDICAL INFORMATION

By virtue of your employment or volunteer capacity with the Florida Department of Corrections or an entity working via a contract with the Florida Department of Corrections, you may need to know and, therefore, may be informed of certain medical/mental health information pertaining to individual inmates necessary to perform your assigned duties and/or to classify and transfer inmates to facilities appropriate for delivery of the required health care services for diagnosed medical/mental health conditions.

State law, and in some instances, federal law, mandates that medical/mental health information be kept confidential unless specific written authorization is given by the patient or unless compelled by court order or subpoena when certain conditions are met for release of the medical/mental health information.

By signing this form, you acknowledge that you must maintain as confidential all medical/mental health information regarding any inmate which you obtain in conjunction with your duties and responsibilities and you further acknowledge that you may not disseminate this medical/mental health information to or discuss the medical/mental health condition of an inmate with any person except those persons directly necessary to the performance of your duties and responsibilities. If you have been designated as a member of the department's Healthcare Transfer Team, you may not disseminate inmate medical information to or discuss the medical condition of an inmate with any person except other members of the Healthcare Transfer Team, medical staff, upper level management at the institutional/facility level, regional level, and central office level, or department attorneys. The dissemination or discussion of inmate medical information with the team members or persons enumerated herein shall only be to the extent necessary for the provision of health care to the inmate; the health and safety of others; law enforcement purposes; the administration and maintenance of safety, security and good order of the institution; and other purposes as authorized by law.

Breach of this confidentiality may result in monetary liability and/or civil or criminal penalties imposed by law, and shall subject you to discipline, up to and including dismissal, for violation of department rules.



Signature of Employee/Volunteer



Employee's/Volunteer's Printed Name



Date

  
Last 4 Digits of Social Security Number



# FLORIDA DEPARTMENT OF CORRECTIONS

## Medical File Standard Release

EMPLOYEE'S PRINTED NAME:

*Cody Lord*

LAST 4 DIGITS OF SOCIAL SECURITY NUMBER:

[REDACTED]

I understand the Americans with Disabilities Act (ADA) provides that medical-related information shall be kept confidential except the following may be provided without my consent:

1. Supervisors and managers may be informed about necessary restrictions on my work or duties and necessary accommodations;
2. First aid and safety personnel may be informed, when appropriate, if I have a disability that might require emergency treatment or if any specific procedures are needed in the case of fire or other evacuations;
3. Government officials investigating compliance with the ADA and other federal and state laws prohibiting discrimination on the basis of a disability or handicap may be provided relevant information upon request; and
4. Relevant information may be provided to state and federal agencies and persons having the legal authority to obtain such information.

No other disclosure of medical information from my file will be made without my written consent.

*Cody Lord*  
EMPLOYEE'S SIGNATURE

*11/14/82*  
DATE

**NOTE:**

In the event you refuse to sign this form, you must note "refused to sign" and the date of your refusal on the applicable signature line and return the form to your personnel office immediately.

**FORM TO BE FILED IN EMPLOYEE'S CONFIDENTIAL FILE**

**FLORIDA DEPARTMENT OF CORRECTIONS**  
**PROPRIETARY SOFTWARE ACKNOWLEDGEMENT**

Title 17 United States Code, Section 101 et seq., the Federal Copyright Act, protects the interests of persons who have developed original work of authorship, including computer software. Software developers have for many years relied upon copyrights to protect their interests in these valuable creative works. Violations of the copyright act, such as unauthorized copying of software, can result in substantial criminal penalties.

The Department of Corrections recognizes and supports the legitimate interests of copyright holders, and prohibits its employees from violating the rights of copyright holders. License agreements for software often provide only a right to use the software; these agreements **do not transfer ownership of the software to the user**. In most cases, license agreements for software prohibit copying of the software, except for archival purposes.

Some license agreements also prohibit use of the software on any machine other than the one for which the license was obtained.

All users of software products licensed to the Department are responsible for upholding the terms of the license agreements. Unless the license clearly provides the right to copy the software or to use it on another machine, employees must assume that it is illegal to do so.

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**ACKNOWLEDGEMENT**

I have read and understand the Florida Department of Corrections' procedures on unauthorized copying of proprietary software. I understand that unauthorized copying is a violation of federal law, and that I may be subject to civil and criminal penalties for unauthorized copying. By signing this form, I agree to abide by these procedures.

Cody Lord  
Employee Name (Printed)

Cody Lord  
Signature of Employee

1/19/82  
Date



## Florida Department of Corrections

### Notice to All Department of Corrections Employees Regarding Unauthorized Cell Phones in Correctional Institutions

This is a reminder to all employees that possession of an unauthorized cell phone, or any other unauthorized communication device which allows a person to receive and/or send voice/text messages, is strictly prohibited inside any secure area of a correctional facility. Unauthorized cell phones in the hands of inmates can pose a threat not only to employees and other inmates, but to persons outside the institutions. When referencing the term 'cell phone' in this notice, please be aware that we are also referencing other types of unauthorized electronic/digital communication devices as referenced in department procedure 602.016, Entering and Exiting Department of Corrections Institutions and/or s. 944.47, F.S.

If an employee is found to be in possession of an unauthorized cell phone in the following, or similar, situations, the department will take all reasonable steps to dismiss the employee:

- Inside the secure perimeter of a correctional facility;
- While on security duty outside the secure perimeter, such as rover duty, or in a tower outside the perimeter fence;

Failure to alert management of your knowledge that another employee or visitor has a cell phone or other prohibited device may also result in dismissal. Also, a refusal by an employee to submit to a search will cause the department to seek dismissal.

Finally, unauthorized personal computers, computer storage devices (CDs, floppy disks, external hard drives, USB flash drives, etc.), any computer-related peripheral or accessory devices, any electronic device that is intended or designed to store, capture, or record audio, video, photographic, or electronic data of any sort (to include MP-3 players), and software are also prohibited inside an institution. Being found in possession of any one of the above, or introducing or connecting an unauthorized device into a department computer, will cause the department to seek dismissal.

As is the case with any disciplinary action, employees may present evidence during the pre-determination conference which may cause the department to mitigate the level of discipline.

Cody Lord  
Employee or Worker Name (Print)

Cody Lord  
Employee or Worker Signature

1/18/20  
Date

Florida Department of Corrections  
**RECEIPT FOR RULES, PROCEDURES, AND POLICIES - NEW EMPLOYEE**

- 1) I understand that my fingerprints will be retained in the Florida Department of Law Enforcement database and any arrest will automatically be reported to the Florida Department of Corrections.
- 2) I hereby acknowledge that today I have been furnished a copy of the rules, procedures, and policies of the Florida Department of Corrections as indicated below.
- 3) I understand that I am responsible for immediately reading and complying with the rules, procedures, and policies.
- 4) I understand that I am responsible for reading and becoming familiar with Chapter 33, Rules of the Florida Department of Corrections, prior to assuming the duties of my position. A copy of the Rules is available for loan at each institution, all community facilities, and Community Corrections' offices. They can also be found on the Department's Internet site at: <http://www.dc.state.fl.us/legal/ch33/index2.html>. It is also my responsibility to maintain familiarity with Chapter 33, Rules of the Florida Department of Corrections.
- 5) I understand that it is my responsibility to obtain clarification from the Office of Human Resources, local Human Resource contact, or my supervisor regarding any part of these rules, and any other rule, policy, directive, or instruction which is not clear to me.
- 6) I understand that it is my responsibility to read and become familiar with all revised rules, policies, or procedures below and newly developed rules, policies, and procedures that are maintained through the Department's Intranet.

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**All Employees:**

- (X) Mission & Vision Statement, Code of Conduct, and Oath of Allegiance
- (X) Equal Employment Opportunity (EEO) and Anti-Harassment Statement
- (X) Drug-Free Workplace Statement
- (X) Hostage Statement
- (X) Staff/Inmate/Offender Relationships Statement
- (X) Use of Force in the Workplace Statement
- (X) Weapons on Institution Property Statement
- (X) Use of State-Owned and Personal Cellular/Smart Phones While Operating a Vehicle Policy Statement
- (X) Prison Rape Elimination Act (PREA)
- (X) Rules of the Florida Department of Corrections, Personnel, Chapter 33-208
- (X) Dual Employment and Compensation, 60L-32.003 & Employee Relationships with Regulated Entities, 60L-36.003
- (X) Driver's License Requirement and Mandatory Safety Restraint Use, Form DC2-811
- (X) Acknowledgement of Responsibility to Maintain Confidentiality of Medical Information, Form DC2-813  
    \*\*This form must be signed and returned to Office of Human Resources
- (X) Procedure 102.004, Ethics
- (X) Procedure 208.013, Outside Employment
- (X) Procedure 208.041, Domestic or Sexual Violence Program for Staff
- (X) Procedure 602.056, Identification Cards
- (X) Information Security Awareness Pamphlet, Form NI1-016
- (X) Unauthorized Cell Phones in Correctional Institutions, Form NI1-103
- (X) Health Insurance Marketplace Notice, OPB No. 1210-0149

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**To be reviewed as applicable:**

- |                             |     |  |
|-----------------------------|-----|--|
| <b>Non-Uniform</b>          | ( ) | Procedure 208.003, Dress Code for Non-Uniformed Employees  |
|                             | ( ) | Non-Security Staff Instructions for Reporting Inappropriate Inmate Behavior, Form DC1-211                  |
| <b>CPO Series</b>           | ( ) | Rules of the Florida Department of Corrections, Probation and Parole Services, Chapter 33-302              |
| <b>TEA</b>                  | ( ) | Florida Statute 943, Payment of Tuition by Employing Agency (For non-certified officers attending academy) |
| <b>CDL</b>                  | ( ) | Procedure 208.071, Commercial Driver License Drug & Alcohol Testing Program                                |
| <b>Financial Disclosure</b> | ( ) | Statement of Financial Interests, CE Form 1F   |
| <b>Health Services</b>      | ( ) | Essential Functions for Health Support Staff   |

Carol Lord  
Employee's Name Printed

Carol Lord  
Employee's Signature

1/18/22  
Date







## General Instructions

### Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

### Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505.

**Exemption from withholding.** You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 and you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2020 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1a, 1b, and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

**Your privacy.** If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure the amount to have withheld.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

## Specific Instructions

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



**Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

**Step 3.** Step 3 of Form W-4 provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

### Step 4 (optional).

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2020 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

**Step 4(c).** Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.



**Step 2(b) – Multiple Jobs Worksheet** (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

**Note:** If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

- 1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3. 1 \$ \_\_\_\_\_
  
- 2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
  - a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a. 2a \$ \_\_\_\_\_
  - b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b. 2b \$ \_\_\_\_\_
  - c Add the amounts from lines 2a and 2b and enter the result on line 2c. 2c \$ \_\_\_\_\_
  
- 3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. 3 \_\_\_\_\_
  
- 4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld). 4 \$ \_\_\_\_\_

**Step 4(b) – Deductions Worksheet** (Keep for your records.)

- 1 Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income. 1 \$ \_\_\_\_\_
  
- 2 Enter: 

• \$24,800 if you're married filing jointly or qualifying widow(er)	}	_____
• \$18,650 if you're head of household		
• \$12,400 if you're single or married filing separately		

2 \$ \_\_\_\_\_
  
- 3 If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-" 3 \$ \_\_\_\_\_
  
- 4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information. 4 \$ \_\_\_\_\_
  
- 5 Add lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4. 5 \$ \_\_\_\_\_

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



**Married Filing Jointly or Qualifying Widow(er)**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$220	\$850	\$900	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,210	\$1,870	\$1,870
\$10,000 - 19,999	220	1,220	1,900	2,100	2,220	2,220	2,220	2,220	2,410	3,410	4,070	4,070
\$20,000 - 29,999	850	1,900	2,730	2,930	3,050	3,050	3,050	3,240	4,240	5,240	5,900	5,900
\$30,000 - 39,999	900	2,100	2,930	3,130	3,250	3,250	3,440	4,440	5,440	6,440	7,100	7,100
\$40,000 - 49,999	1,020	2,220	3,050	3,250	3,370	3,570	4,570	5,570	6,570	7,570	8,220	8,220
\$50,000 - 59,999	1,020	2,220	3,050	3,250	3,570	4,570	5,570	6,570	7,570	8,570	9,220	9,220
\$60,000 - 69,999	1,020	2,220	3,050	3,440	4,570	5,570	6,570	7,570	8,570	9,570	10,220	10,220
\$70,000 - 79,999	1,020	2,220	3,240	4,440	5,570	6,570	7,570	8,570	9,570	10,570	11,220	11,240
\$80,000 - 99,999	1,060	3,260	5,090	6,290	7,420	8,420	9,420	10,420	11,420	12,420	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,900	7,100	8,220	9,320	10,520	11,720	12,920	14,120	14,980	15,180
\$150,000 - 239,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,190	16,050	16,250
\$240,000 - 259,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,520	17,170	18,170
\$260,000 - 279,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	13,120	15,120	17,120	18,770	19,770
\$280,000 - 299,999	2,040	4,440	6,470	7,870	9,190	10,720	12,720	14,720	16,720	18,720	20,370	21,370
\$300,000 - 319,999	2,040	4,440	6,470	8,200	10,320	12,320	14,320	16,320	18,320	20,320	21,970	22,970
\$320,000 - 364,999	2,720	5,920	8,750	10,950	13,070	15,070	17,070	19,070	21,290	23,590	25,540	26,840
\$365,000 - 524,999	2,970	6,470	9,600	12,100	14,530	16,830	19,130	21,430	23,730	26,030	27,980	29,280
\$525,000 and over	3,140	6,840	10,170	12,870	15,500	18,000	20,500	23,000	25,500	28,000	30,150	31,650

**Single or Married Filing Separately**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$460	\$940	\$1,020	\$1,020	\$1,470	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040	\$2,040
\$10,000 - 19,999	940	1,530	1,610	2,060	3,060	3,460	3,460	3,460	3,460	3,830	3,830	3,830
\$20,000 - 29,999	1,020	1,610	2,130	3,130	4,130	4,540	4,540	4,720	4,920	5,110	5,110	5,110
\$30,000 - 39,999	1,020	2,060	3,130	4,130	5,130	5,540	5,720	5,920	6,120	6,310	6,310	6,310
\$40,000 - 59,999	1,870	3,460	4,540	5,540	6,690	7,290	7,490	7,690	7,890	8,080	8,080	8,080
\$60,000 - 79,999	1,870	3,460	4,690	5,890	7,090	7,690	7,890	8,090	8,290	8,480	9,260	10,060
\$80,000 - 99,999	2,020	3,810	5,090	6,290	7,490	8,090	8,290	8,490	9,470	10,460	11,260	12,060
\$100,000 - 124,999	2,040	3,830	5,110	6,310	7,510	8,430	9,430	10,430	11,430	12,420	13,520	14,620
\$125,000 - 149,999	2,040	3,830	5,110	7,030	9,030	10,430	11,430	12,580	13,880	15,170	16,270	17,370
\$150,000 - 174,999	2,360	4,950	7,030	9,030	11,030	12,730	14,030	15,330	16,630	17,920	19,020	20,120
\$175,000 - 199,999	2,720	5,310	7,540	9,840	12,140	13,840	15,140	16,440	17,740	19,030	20,130	21,230
\$200,000 - 249,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$250,000 - 399,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$400,000 - 449,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,450	19,940	21,240	22,540
\$450,000 and over	3,140	6,230	8,810	11,310	13,810	15,710	17,210	18,710	20,210	21,700	23,000	24,300

**Head of Household**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$830	\$930	\$1,020	\$1,020	\$1,020	\$1,480	\$1,870	\$1,870	\$1,930	\$2,040	\$2,040
\$10,000 - 19,999	830	1,920	2,130	2,220	2,220	2,680	3,680	4,070	4,130	4,330	4,440	4,440
\$20,000 - 29,999	930	2,130	2,350	2,430	2,900	3,900	4,900	5,340	5,540	5,740	5,850	5,850
\$30,000 - 39,999	1,020	2,220	2,430	2,980	3,980	4,980	6,040	6,630	6,830	7,030	7,140	7,140
\$40,000 - 59,999	1,020	2,530	3,750	4,830	5,860	7,060	8,260	8,850	9,050	9,250	9,360	9,360
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,780	10,980	11,180	11,580	12,380
\$80,000 - 99,999	1,900	4,300	5,710	7,000	8,200	9,400	10,600	11,180	11,670	12,670	13,580	14,380
\$100,000 - 124,999	2,040	4,440	5,850	7,140	8,340	9,540	11,360	12,750	13,750	14,750	15,770	16,870
\$125,000 - 149,999	2,040	4,440	5,850	7,360	9,360	11,360	13,360	14,750	16,010	17,310	18,520	19,620
\$150,000 - 174,999	2,040	5,060	7,280	9,360	11,360	13,480	15,780	17,460	18,760	20,060	21,270	22,370
\$175,000 - 199,999	2,720	5,920	8,130	10,480	12,780	15,080	17,380	19,070	20,370	21,670	22,880	23,980
\$200,000 - 249,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$250,000 - 349,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$350,000 - 449,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,900	25,200
\$450,000 and over	3,140	6,840	9,560	12,140	14,640	17,140	19,640	21,530	23,030	24,530	25,940	27,240



## FLORIDA DEPARTMENT OF CORRECTIONS DIRECT DEPOSIT ACKNOWLEDGEMENT

Please print, add your signature, location and date to the appropriate section of this form. Return this form to the Department as directed.

### Career Service (CS), Select Exempt Service (SES), and Senior Management Service (SMS)

I understand that State law requires all CS, SES, and SMS employees that are hired on or after July 1, 1996, sign up for direct deposit as a condition of employment within 30 days of hire.

Cody Lord  
Print Name

Cody Lord  
Signature

Gainesville  
Location

11/18/22  
Date

### Other Personnel Services (OPS)

As an OPS employee I understand that I am not required to have direct deposit under this law. Additionally, I understand that the Department encourages me to utilize this benefit.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Location

\_\_\_\_\_  
Date





# FLORIDA DEPARTMENT OF CORRECTIONS

## NEW HIRE PROFILE FORM

Please complete each section of the form in its entirety then print and add your signature and date on the form. Return this form to the Department as directed. This information will be used to enter your personal information into the People First System.

### Personal Information:

Employee Name (Last, First, Middle): Lord, Cody Daniel ☐ Publish Nickname

Nickname (Optional):

Home Address:

Date of Birth: Institution/Office: Union County Correctional

Gender: ☒ Male ☐ Female Marital Status: ☐ Single ☒ Married ☐ Married, but withhold at higher rate

Total number of W-4 allowances you are claiming: Additional withholding amount, if any:  
☐ Sworn/Certified ☒ Restricted Employee ☐ Restricted Identity ☐ Protected Identity ☐ Not Applicable

"Sworn/Certified" should be checked if you are a current or former sworn and/or certified law enforcement or correctional/probation officer.

"Restricted Employee" should be checked if you have current or former duties that involve any of the various investigative, judicial, enforcement or prosecutorial duties.

"Restricted Identity" should be checked if you are the spouse or child of a current or former sworn and/or certified law enforcement or correctional/probation officer.

"Protected Identity" should be checked if you have a non-expired court-issued restraint order or other legal document to have your home and work address information exempted from public record requests, due to special circumstances

### Part A. History/Contact Information:

Ethnicity: ☒ Not Hispanic or Latino ☐ Hispanic or Latino Race: ☒ White ☐ American Indian or Alaska Native  
☐ Black ☐ Native Hawaiian or Other Pacific Islander  
☐ Asian ☐ Some Other Race or Two or More Races

County in which you reside:

Home Phone Number: Cell Phone Number:

Highest Education Level Attained: ☐ High School Diploma or GED ☒ College Degree (If yes, provide official transcripts)

Professional License: ☒ No ☐ Yes (If yes, provide copy)

Emergency Contact Information: (Please list one person we may contact)

Name: Relationship:

Telephone Number:

### Part B. EEO-Veteran Information:

Military Status: ☒ Not applicable ☐ Current Member of the National Guard  
☐ Veteran/Retired Military ☐ Current Member of the Reserves



# FLORIDA DEPARTMENT OF CORRECTIONS

## NEW HIRE PROFILE FORM

### Part C. Previous State Service

FRS Re-employed Employee: ☒ No ☐ Yes If yes, indicate date retired: \_\_\_\_\_

Please list all of your prior employment with the State of Florida by Agency Name.

☐ No Previous State Service

Name of Agency: \_\_\_\_\_ From: \_\_\_\_\_

Name, if different during employment: \_\_\_\_\_ To: \_\_\_\_\_

Name of Agency: \_\_\_\_\_ From: \_\_\_\_\_

Name, if different during employment: \_\_\_\_\_ To: \_\_\_\_\_

Name of Agency: \_\_\_\_\_ From: \_\_\_\_\_

Name, if different during employment: \_\_\_\_\_ To: \_\_\_\_\_

Name of Agency: \_\_\_\_\_ From: \_\_\_\_\_

Name, if different during employment: \_\_\_\_\_ To: \_\_\_\_\_

My signature below constitutes that the information provided above is a true and accurate account of my current information. I understand that it will be my responsibility to maintain and/or ensure accuracy of this information in the People First System.

Carol J. Smith  
Employee's Signature

11/18/22  
Date

For Local Human Resources Representative use only.

Institution/Office: \_\_\_\_\_

Position Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Confirm if FRS Re-employed Employee: ☐ No ☐ Yes

Print Name

Signature

Date Submitted to Central Office: \_\_\_\_\_



## FLORIDA DEPARTMENT OF CORRECTIONS

### NEW EMPLOYEE INSURANCE/BENEFITS ACKNOWLEDGEMENT

I understand I have 60 days from my employment date to enroll in these benefits. I also understand that in order to enroll into Pre-tax insurance, I must use the online People First Service System or I can call the Service Center at 866-663-4735. I also understand that I must submit supporting documents for any eligible dependents to the People First Service Center at 800-422-3128.

**HEALTH** - Option of the self-insured plan or an approved HMO.

**LIFE** - Includes Optional Life and Agency Sponsored Group Term Life.

**AGENCY SPONSORED GROUP DISABILITY \*\***

**CANCER/INTENSIVE CARE**

**ACCIDENT/DISABILITY** - Policies offered by AFLAC and Colonial

**DENTAL**

**SUPPLEMENTAL HEALTH**

**FLEXIBLE BENEFITS** - Includes Dependent Day Care and Medical Reimbursement

These benefits are only available to me during the first 60 days of employment or during an "OPEN ENROLLMENT" period. Normally open enrollment periods are on an annual basis. Changes in coverage can only be made during the open enrollment period or if I experience a "QUALIFYING EVENT" such as marriage, birth, etc. in which case I have 31 days from the date of the event to make the change.

By signing this form, I acknowledge I have received these forms and agree to the items stated.

Cody Lord  
**SIGNATURE**

11-18-22  
**DATE**

Cord, Cody  
**LAST NAME, FIRST (please print)**

[REDACTED]  
**LAST 4 OF SSN**

\*\* post-tax insurance

## Employee Acknowledgement

In order to provide the most timely and suitable quality medical care in the event of an injury on the job, we have instituted a Managed Care Program for Workers Compensation with AmeriSys.

The following procedures must be followed for all work-related injuries and illnesses. It is important to note that Florida Statute 440.134 (17) states "...Treatment received outside the Workers' Compensation Managed Care Arrangement is not compensable unless authorized by the carrier prior to the treatment date."

- Report promptly any work-related injury to the supervisor.
- Follow the Primary Care Physician or "PCP's" instructions for any medical specialist referral or treatment.
- Ensure all medical treatment is handled only through the PCP (Primary Care Physician).
- Direct all questions about the level of care to the PCP (Primary Care Physician), who is the focal point for all medical treatment.
- Follow established grievance procedures to resolve any dissatisfaction with medical treatment. I understand that a grievance form and a copy of the grievance procedures will be provided to me in the event that I am injured on the job.
- A directory of medical care providers and a manual explaining fully the managed care process is available at my request through my employer.

Please sign below to indicate that you have read and understand the procedures to follow in the event of an injury and your duties under our Managed Care Program.

Cody Lord  
Print Name

11-18-22  
Date

Cody Lord  
Employee Signature

Lisa S. Stallaury  
Employer Representative



## WORKERS' COMPENSATION HEART/LUNG (PRESUMPTION) NOTIFICATION STATUTE OF LIMITATIONS

Name: Cody Long  
Location: Union County Correctional  
People First ID#: \_\_\_\_\_  
Date of Hire: 11/18/22

Certified Staff (Correctional, Correctional Probation Officer or Inspector)

If an employee suffers a disability from tuberculosis, hypertension, or heart disease, as specified in chapter 112.18, F.S., they may be entitled to workers' compensation benefits. Employees should report these conditions to their employer within 30 days or the employee may jeopardize their claim. For correctional and probation officers, a claim may also be barred, if not filed within 180 days after leaving employment.

Once injured at work or an employee becomes aware of a workers' compensation injury or illness, they have 30 days in which to report an injury or illness to their employer. Failure to report an injury within 30 days may jeopardize a claim pursuant to chapter 440, F.S.

Generally, an employee has two years from the date of injury or illness to file a claim for workers' compensation benefits. Failure to report an injury or illness within 30 days may be used as a defense against a claim regardless of the two-year statute of limitations for filing a claim. Eligibility for benefits may also be eliminated one year from the date an employee last received a wage replacement check or approved medical treatment.

I certify that I have read the above information regarding the Heart/Lung Presumption as it relates to Certified Staff and agree to notify my supervisor of any work-related injuries or illnesses pursuant to "Employees' Workers' Compensation Benefits" Procedure 208.006 and chapter 440, F.S.

Cody Long  
Employee signature

11/18/22  
Date



## New Employee Orientation Feedback

*We're always looking to improve what we do. Please take a minute to tell us what you liked about this morning's orientation so that we know to keep doing it, and what you didn't like, so that we might do it differently next time. Thank you for your input.*

Today's Date: \_\_\_\_\_

Location: \_\_\_\_\_

1. Overall, would you consider this morning as time well spent? \_\_\_\_\_
2. About how long did you need to drive to get here? \_\_\_\_\_
3. What city / town did you drive from this morning? \_\_\_\_\_
4. On a scale of 1 (very hard) to 5 (very easy), how easy was it to find? \_\_\_\_\_
5. What was the most useful part of the orientation for you? \_\_\_\_\_  
Why? \_\_\_\_\_
6. What was the least useful part of the orientation for you? \_\_\_\_\_  
Why? \_\_\_\_\_
7. What 1 or 2 things should be kept as they are? \_\_\_\_\_
8. What 1 or 2 things should we change? \_\_\_\_\_  
\_\_\_\_\_  
How should we do them differently? \_\_\_\_\_  
\_\_\_\_\_
9. Other comments, suggestions? \_\_\_\_\_  
\_\_\_\_\_

---

*Thank you and have a great career*

***"We never walk alone."***



# CORRECTIONS FOUNDATION

## SUPPORTING THOSE PROTECTING PUBLIC SAFETY

www.correctionsfoundation.org | info@correctionsfoundation.org | 850-717-3712

### \$7.3 MILLION GIVEN BACK TO OVER 6,840 FDC OFFICERS AND STAFF SINCE 1999

The Corrections Foundation is the non-profit direct support organization exclusively for employees and officers of the Florida Department of Corrections.

Should times of crisis or tragedy strike - fire, critical illness, accidents, natural disasters or other emergency circumstances, the Corrections Foundation stands by ready to provide immediate, meaningful relief.

Your contribution is tax deductible to the extent allowed by law for federal income tax purposes.

**Your contribution also stays in Florida, is invested in Florida, and only goes back to help your co-workers in Florida.**

## BECAUSE WE NEVER WALK ALONE

State of Florida Department of Corrections  
PAYROLL DEDUCTION AUTHORIZATION  
(Miscellaneous Deduction Code 413)

☐ **LEADERSHIP**—\$25.00 per pay period — receive a black FDC jacket, a black FDC polo shirt, FDC padfolio, and membership pin. **Jacket size:** 3XL 2XL XL L M S **Shirt size:** 3XL 2XL XL L M S

☐ **PROTECTOR**—\$15.00 per pay period — receive a black FDC polo shirt, FDC padfolio, and membership pin.  
**Shirt size:** 3XL 2XL XL L M S

☐ **SUPPORTER**—\$\_\_\_\_\_ per pay period (**suggested contribution is \$3; minimum is \$2**) — receive a membership pin.

ENTER THE INFORMATION BELOW—YOUR INFORMATION IS PROTECTED AND WILL NOT BE SHARED

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Work Location:** \_\_\_\_\_  
**Home Mailing Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **PeopleFirst ID:** \_\_\_\_\_  
**E-mail Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

I hereby authorize the Department of Corrections to deduct the amount shown above each pay period from my salary warrant. I further understand that I may cancel my payroll deduction at any time by notifying, in writing, my Servicing Personnel Office. By signing below I acknowledge that I have read the Corrections Foundation membership brochure or fact sheet and understand that my membership helps support the Employee Assistance Program through which Florida DC employees help each other through medical crisis, critical emergencies and other crisis as outlined on our website Employee Assistance Criteria. **Membership must be in existence for six pay periods before premiums (shirts, jackets, padfolios) are sent to members.** I also understand that in the event my employment terminated, I waive any rights to refund of donations. By providing your email address, you agree to receive emails from the Corrections Foundation regarding news, updates, and products. Membership in the Corrections Foundation is not intended to create a right to receive assistance from the Employee Assistance Program. The decision to provide assistance is a matter of discretion retained by the Corrections Foundation. This decision is based upon the program criteria. Corrections Foundation interpretation of the critical nature of a request and the availability of funds.

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### PLEASE RETURN/FAX COMPLETED FORM TO:

Corrections Foundation, 501 South Calhoun Street, Tallahassee, Florida 32399-2500  
or fax to (850) 410-4411. If you have any questions, please call (850) 717-3712.

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE.



# Florida Department of Corrections Correctional Officer Background Investigation Checklist

**CLEAR FORM**

Last Name: Lord First Name: Cody SSN:            Req. 70: 657884

## CENTRALIZED RECRUITMENT CENTER (CRC)

AW	1. Veterans Preference: <input type="checkbox"/> Yes (Category: - ) <input checked="" type="checkbox"/> No	SW	6. CDC: <input checked="" type="checkbox"/> No Record Found <input type="checkbox"/> See Attached
AW	2. State of Florida Application	SW	<input checked="" type="checkbox"/> No Record Found <input type="checkbox"/> See Attached
AW	3. CO Supplemental Application/Willingness Questionnaire (DC2-854)	SW	<input checked="" type="checkbox"/> No Record Found <input type="checkbox"/> See Attached
	4. ATMS: Certified: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Mandatory Due: <u>          </u>	SW	7. HRTS <input checked="" type="checkbox"/> No Record Found <input type="checkbox"/> See Attached
CC	SOCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date Passed: <u>          </u>	SW	8. FAST <input checked="" type="checkbox"/> No Record Found <input type="checkbox"/> See Attached
CC	CJ-BAT Test Date: <u>          </u> <input type="checkbox"/> Pass <input type="checkbox"/> Fail	SB	9. FCIC/NCIC: Date Ran: <u>11/07/22</u>
		SB	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> See Attached / Comments
CC	5. DAVID: Date Ran: <u>11/04/22</u>	RH	10. CCIS: Date Ran: <u>11/07/22</u>
	<input checked="" type="checkbox"/> Valid <input type="checkbox"/> Findings: <u>          </u>	RH	<input type="checkbox"/> Clear <input checked="" type="checkbox"/> See Attached / Comments

Comments:           

#10 TR x7

Race: W Sex: M

Reviewed by: kc Date: 11/08/22 Sent to: RMC ☒ Scanned ☐ Closed/Reason:            PATS Updated: 11/08/22

Inst.	CRC	Inst.	CRC
	1 PAR		30 Drug Test Results Recd. <input type="checkbox"/> Neg. <input type="checkbox"/> Positive
	2 Welcome Letter		Sent Date: <u>          </u> Spec. ID: <u>          </u>
	3 DC2-8050 THIS Checklist (Signed by Warden)		Entered in: <input type="checkbox"/> CDC <input checked="" type="checkbox"/> PATS
	4 DC2-854 Supplemental Application		31 DC2-848 Drug & Alcohol Testing Consent
	5 DC2-854A Willingness Questionnaire		32 Drug Test Chain of Custody Form (Copy)
	6 People First Application, Resume, extraneous docs, etc.		33 CJSTC 75 Physician's Assessment (Clinic sends to Personnel)
	7 Social Security Card (Match name change documents)		Exam Results Recd. <input type="checkbox"/> Pass <input type="checkbox"/> Fail
	8 Driver License (Match name documents)		Signed Date: <u>          </u>
	9 DC2-8051 Legal Name Change Tracking Form (w/Documents)		34 CJSTC 75A Patient Information (Clinic sends to Personnel)
	Proof of Citizenship: Birthplace: <u>FL</u> DOB: <u>          </u>		35 DC2-807 Pre-Emp. Medical History Quest. (Clinic sends to Personnel)
	10 <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Other		Applicant or Physician keeps (not required in packet):
	11 High School Documentation		36 DC2-8033 Drug Test/Phys Exam Inst. to App. (Applicant Keeps)
CC	12 Selective Service Registration		37 EBI Authorization Form (Physician Keeps)
	13 Military: <input type="checkbox"/> Military ID (active only) <input type="checkbox"/> DD-214 Member 2 or 4		38 NI1-095 Pre-Emp Med Exam Instructions (Physician Keeps)
	14 BAT score sheet (passed)		39 NI1-087 BRT-High Liability Components (Physician Keeps)
	15 ATMS global profile <input type="checkbox"/> BATCORR <input type="checkbox"/> Passed Date: <u>          </u>		<b>CONFIDENTIAL</b>
	16 DC2-8020 Conditional Employment Offer Bonus Eligible? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	HC	40 Fingerprints Completed: <u>11/14/22</u>
	17 DC2-814 Request for Rehire <input type="checkbox"/> Approved <input type="checkbox"/> Denied	HC	41 LiveScans received: <u>          </u>
	Date: <u>          </u>	HC	42 Background Systems
	18 DC2-827 Employment Verification (w/Gap Statement)		<input checked="" type="checkbox"/> DAVID or NLETS <input type="checkbox"/> CDC <input checked="" type="checkbox"/> FAST <input checked="" type="checkbox"/> HRTS
	19 DC2-860 Receipt for Essential Functions	HC	43 DC2-8021 CRR <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> N/A
	20 <input checked="" type="checkbox"/> Copy of CO Essential Functions (Applicant keeps)	HC	<input type="checkbox"/> Court Docs <input type="checkbox"/> Statements <input checked="" type="checkbox"/> NCIC/FCIC <input checked="" type="checkbox"/> CCIS <input type="checkbox"/> SF-180
	21 CJSTC 58 Authority for Release of Information (Notarized)	HC	44 Interview Questions/Responses
	22 CJSTC 68 Affidavit of Applicant (Notarized)	HC	45 Interpol Date Ran: <u>          </u> <input type="checkbox"/> Clear <input type="checkbox"/> Findings: <u>          </u>
	23 DC2-886 Domestic Violence Affidavit (Notarized)		<b>CENTRALIZED RECRUITMENT CENTER</b>
	24 CJSTC 59 Officer Certification Application		Comments: <u>Investigator: Madison Ross</u>
	25 DC2-8075 Agreement to Relinquish Certification		
sw	27 FRS Certification Form <input type="checkbox"/> Pension Plan <input type="checkbox"/> Investment Plan <input checked="" type="checkbox"/> N/A		Reviewed by: <u>          </u> Date Completed: <u>          </u> PATS Updated: <u>          </u>
sw	28 <input checked="" type="checkbox"/> Dist. Search <input checked="" type="checkbox"/> Member Search <input type="checkbox"/> PF Cond Rpt		Hire Authorization E-mail Sent: <u>          </u> SharePoint Updated: <u>          </u>
HC	29 DC2-8067 Acknowledgement of Inmate Relationship		PAR Approved: <u>MR</u> Start Date: <u>11/18/22</u> Position Number: <u>70003654</u>

## INSTITUTION

Comments:           

Warden Signature: [Signature] Date: 11.15.22 Approved ☒ Disapproved ☐ \*\*Failure Reason:           

Recruiter Signature: [Signature] PATS Updated: ☒ Date sent to CRC: 11/15 Background Investigation Complete: ☒

\*\* AFR-App failed to respond; CRRD-CRR Denied; DLNV-Driver License not Valid; DM-Military Discharge Issue; FBAT-Failed; FBC-Failed BG-State reason; FERC-Failed Emp. Ref. Check; FPDT-Failed Prior Drug Test; FWQ-Failed Will/Sup (State Reason); LE-Lacks Education; NETE-Not Eligible TEA; O-Other-State Reason; PFBC-Prev. Failed BG; RHD-Rehire Denied; SC-Selection Criteria; SRR-No Selective Service Registration; W-Withdrew (See PATS for other Failure Reasons)

DC2-8050 (Revised 8/11/21)

In accordance with section 119.071(5)(a)2., F.S., your social security number is being collected for verification purposes. This collection is imperative for the performance of this agency's duties and responsibilities as prescribed by law. Information submitted on the application must be verified prior to appointment. Inclusion of the social security number will save staff time and result in the position being filled with prompt efficiency. The Department will not use the social security number collected for any purpose other than the purpose provided above.



## DC2-854 Correctional Officer Supplemental Application

Reference #	14172412
Status	Complete
Form Title	DC2-854 Correctional Officer Supplemental Application
I want to provide the name of the FDC employee who referred me to the position.	No
First Name	cody
Last Name	lord
Social Security No.	
List all names you have ever used (include maiden, married, and nicknames).	cody daniel lord
Physical Address	
City	
County	
State	
Zip Code	
Primary Phone	
I would like to receive text updates regarding my application status at the primary phone number listed above. I understand that standard messaging charges may apply, and I may choose to opt-out at any time.	Yes
Driver License Number	
State issued by	Florida
Email Address	
Have you lived outside of the United States in the past five years?	No

Date of Birth	
Sex	Male
Race	White
Birth City	gainesville
Birth State	Florida
Birth Country	usa
US Citizen?	Yes
If yes:	By Birth
Military experience?	No
First Choice	Reception and Medical Center (Lake Butler, FL)
Second Choice	Reception and Medical Center (Lake Butler, FL)
1. Have you applied in the People First system at jobs.myflorida.com?	Yes
2. Are you related to anyone presently employed with the Florida Department of Corrections?	No
3. Do you have a business or personal relationship with anyone presently incarcerated or under the supervision of the Florida Department of Corrections system?	No
4. Have you ever held a position (including internship, volunteer, contract, or OPS positions) with the Florida Department of Corrections?	No
5. Have you ever worked for an entity (i.e. private contractor) that held any contractual relationship or financial interest with the Florida Department of Corrections?	No
6. Have you ever applied for or been employed by any law enforcement agency as a Correctional Officer, Probation Officer, or Law Enforcement Officer?	Yes (Applied) Unknown dates for GPD & MPD UCI-CO-2/1/2017
Give name of agency, position(s), and dates of	gainesville police department, miami police

employment.

department, lake butler corrections

7. Indicate below if you have taken a Florida Department of Law Enforcement (FDLE) state officer certification exam. Select all that apply.

~~Correctional Officer~~

No

8. Indicate below if you have ever been a certified law enforcement officer. Select all that apply.

None

9. Has your FDLE certification ever been suspended, revoked, terminated, or expired?

No

10. Have you ever had any type of disciplinary action taken against you while employed as a Correctional Officer, Probation Officer, or Law Enforcement Officer?

No

11. Have you ever used or experimented with any illegal substances or drugs?

No

12. Have you ever sold, delivered, manufactured, smuggled, or trafficked in illegal substances or drug paraphernalia?

No

13. Have you ever been civilly or administratively adjudicated guilty to have engaged in any sexual abuse or sexual harassment?

No

14. Have you ever had your privileges to carry a firearm revoked?

No

15. Do you now or have you ever had any affiliation with a known "gang" or threat group?

No

16. Do you have any "gang" or threat group related tattoos or tattoos that may appear to be "gang" or threat group related?

No

Failure to fill this form out completely and accurately may result in the elimination of your application from further consideration.

Acknowledged

In accordance with section 119.071(5)(a)2 Florida Statutes (2021), your social security



number is being collected for verification purposes. This collection is imperative for the performance of this agency's duties and responsibilities as prescribed by law. Information submitted on the application must be verified prior to appointment. Inclusion of the social security number will save staff time and result in the position being filled with prompt efficiency. The Department will not use the social security number collected for any purpose other than the purpose provided above.

By submission of this electronic form, I hereby certify there are no misrepresentations, omissions, or falsification in the foregoing responses. I am aware that should an investigation disclose any misrepresentations, omissions, or falsifications, my application may be rejected, and I may be disqualified for employment with the Florida Department of Corrections or, if after my acceptance for employment, subsequent investigation should disclose misrepresentations, omissions, or falsifications, it may be just cause for my immediate dismissal.

Acknowledged

Signature



Date

11/03/2022

Document ID

DC2-854 Revised 1/1/2022

Last Update

2022-11-03 09:29:37

Start Time

2022-11-03 09:17:43

Finish Time

2022-11-03 09:29:37

IP

205.145.233.120

Browser

IE

**Device**

Desktop

**Referrer**

[https://fs23.formsite.com/e3E4eX/f9tpuqy6j/  
index.html](https://fs23.formsite.com/e3E4eX/f9tpuqy6j/index.html)



**Florida Department of Corrections  
Correctional Officer Willingness Questionnaire**

Last Name: Lord First: Cody Middle: Daniel Suffix: \_\_\_\_\_

Please carefully read and review the following willingness questions. These questions pertain to the minimum requirements or essential functions of the Correctional Probation Officer job class. An unwillingness to perform any of the following may cause your application to be removed from further consideration. You must explain unwillingness to comply with any of these functions on Pages 1 and 2.

Are You Willing To:		Are You Willing To:	
Work rotating shifts?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Work any assigned shift (8, 8.5, 10, or 12-hrs)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Work weekends and/or holidays?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Work overtime?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Work an extended shift?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Work on your days off when necessary?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Report to duty during a natural disaster such as a hurricane, flood, or other emergency?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Return to the institution at any hour during an emergency situation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Be fingerprinted and for the fingerprints to be entered into a statewide automated identification system maintained by the Florida Department of Law Enforcement?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Read and become familiar with institutional operating procedures and Department of Corrections directives, procedures, rules, and post orders?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Notify your supervisor and Warden of any employment outside of the FDC?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Be exposed to chemical agents such as pepper spray and tear gas?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Participate in physical and firearms training?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Carry a firearm?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Participate in defensive tactics training?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Take a TB test annually?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Maintain qualification in CPR and First Aid?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Administer CPR and First Aid?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Maintain all training requirements?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Participate in additional training?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Work on an outside post during extreme weather conditions, day or night?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Work on whatever post assigned whether inside or outside?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Supervise male or female inmates?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Transport inmates statewide?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Be locked in a housing unit with male or female inmates?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Walk through a large group of male or female inmates alone to count them?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Shoot an inmate attempting to escape, thus endangering the lives of others?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Supervise a group of male or female inmates on work detail?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Perform drug testing on inmates?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Assist fellow officer in case of an emergency?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Conduct a body search on a male or female inmate?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Tolerate a certain amount of verbal abuse from inmates?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Work with violent inmates, homosexual inmates, sex offenders, drug offenders, or inmates with AIDS?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Take short trips (100-200 miles) involving overnight travel or a few days at a time and, if appropriate, travel on a commercial airline?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Stand on your feet for long periods of time?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Sit alone for long periods of time and remain alert?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Follow lawful orders of supervisors?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Show respect to authority and rank?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Obtain and maintain a valid driver license, if you do not already have one?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Write an incident report in clear, concise language with correct grammar and spelling?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Maintain qualification in firearms (shotgun and handgun)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Enforce and comply with all rules and regulations governing inmates?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Have your payroll warrant direct deposited in accordance with Florida Statutes and comptroller regulations?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Keep information confidential and understand failure to do so will subject you to discipline, up to and including termination?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Work in a non-smoking area?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Comply with all FDC rules and procedures?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Comply with the Agency's uniform and grooming rules and policy?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		





Florida Department of Corrections  
Correctional Officer Willingness Questionnaire

Last Name: Lord First: Cody Middle: Daniel Suffix: \_\_\_\_\_

Section 943.17, Florida Statutes, directs the Criminal Justice Standards and Training Commission to give a test to basic recruit training graduates and candidates seeking an exemption from a Commission-approved Basic Recruit Program. The certification test provides the Commission with assurance that each person employed or appointed as a sworn officer in this State has the minimum knowledge required to perform competently. The Officer Certification test will be given at the end of a Commission-approved Basic Recruit Training Program or an approved Certification Examination Preparation Training Course. The test will be based upon an approved training exemption for out-of-state candidates.

ARE YOU WILLING TO:

Enroll in Criminal Justice Standards and Training Commission approved Basic Recruit Training Program within 180 days of initial employment and successfully complete the training within 18 months after enrollment if you are not currently a Certified Correctional Officer? (If applicable, training requires overnight travel for an extended period of time.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pay the Florida Department of Law Enforcement Test fee (if you are not currently a Certified Correctional Officer) and take the first available test upon completion of required training?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pay an additional Florida Department of Law Enforcement test fee if you fail the first test and again take the test on the first available date? (Failure to do so will result in termination of your employment with the Department.) Additionally, if you fail the Florida Department of Law Enforcement test three times, you will be terminated from employment with the Department?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**Acknowledgement of Basic Abilities Testing (BAT) Requirements**

I hereby acknowledge the following:

- I understand that I am responsible for all costs associated with taking the BAT.
- I understand that I have three attempts to pass the BAT.
- I understand that I must provide proof that I have scheduled the BAT exam in order to be processed for hire.
- I understand that I am required to pass the BAT before I may be enrolled in Basic Recruit Training, which will be scheduled immediately after hire.
- I understand that failure to pass the BAT within three attempts will result in my separation of employment with the Florida Department of Corrections.
- I understand that the BAT test is available through Pearson VUE testing labs and must be taken in the State of Florida.

Cody Lord  
Signature

11/03/2022  
Date Signed

**Certification of Applicant (Read carefully before signing)**

By submission of this electronic form, I hereby certify there are no misrepresentations, omissions, or falsification in the foregoing responses. I am aware that should an investigation disclose any misrepresentations, omissions, or falsifications, my application may be rejected, and I may be disqualified for employment with the Florida Department of Corrections or, if after my acceptance for employment, subsequent investigation should disclose misrepresentations, omissions, or falsifications, it may be just cause for my immediate dismissal.

Cody Lord  
Signature

11/03/2022  
Date Signed



## ▼ Application

Status:	New
Country:	United States
Attachments to be included in all Job Submissions:	📎 0 documents attached
Attachments Added After Submission	📎 0 documents attached
Vacancy Source:	Search Engine (e.g., Google, Bing)
Relatives: To your knowledge, do you have any relatives working in this agency?	No
Right To First Interview	Not Applicable  If you responded yes to the above statement, attach a copy of your official layoff letter when applying for this vacancy.
Veteran Status	None of the Above
ARE YOU CURRENTLY EMPLOYED WITH THE AGENCY TO WHICH YOU ARE CURRENTLY APPLYING?	No
HAVE YOU RECEIVED A PROMOTIONAL APPOINTMENT WITHIN THE CAREER SERVICE, SUBSEQUENT TO ACTIVE MILITARY SERVICE, WITH THE AGENCY TO WHICH YOU ARE APPLYING?	No
People First Initial VP Review	No Selection
People First Eligible VP Category (if different)	No Selection
Agency Final VP Eligibility Review	No Selection
Agency Final VP Category Determination	No Selection

## Background Information

A "yes" answer to these questions will not automatically bar you from employment. The nature, job-relatedness, severity, and date of the offense in

## ▼ Comments

There are no items in this section.

## ▼ Assessments

### Correction Officer - FDC

Recommended with reservations

Score **68**

[View detailed results](#)

11/03/2022: Completed

11/03/2022: Pending

11/03/2022: Pending

11/03/2022: Initiated

## ▼ Correspondence

Sender: People First  
Thank You for Your Interest in Job  
CORRECTIONAL OF...

Date: 11/03/2022

Type: Email

Sender: People First  
Job CORRECTIONAL  
OFFICER STATEWIDE -  
Assess...

Date: 11/03/2022

Type: Email

## ▼ Onboarding

Request Submitted By

Request Submitted On

Submission Status

Not  
Initiated

## ▼ Offer Letter

There are no items in this section.

relation to the position you are applying are considered. [see 112.011, F.S.].

▼ Application Status  
Audit Trail

Date: 11/03/2022  
User: People First

Status: New

▼ Tags

There are no items in this section.

▼ More Information

Alternate Phone Number:

\* Mailing Address :

\* City

\* State:

\* ZIP Code:

\* Country

United  
States

\* Exemption from public record: Are you a current or former law enforcement officer, other covered employee\*\* or the spouse or child of one, whose information is exempt from public records disclosure under Section 119.071(4) (d), Florida Statutes (F.S)?

No

\* Citizenship: The State of Florida hires only U.S. citizens and lawfully authorized alien workers. You will be required to provide identification and either proof of citizenship or proof of authorization to work in the U.S. Are you a U.S. citizen or legally authorized to accept employment with the specific hiring authority to which you are applying?

Yes

\* Selective Service: Section 110.1128, Florida Statutes, prohibits employment by the state (including re-hire after a break in service) of any male born on or after October 1, 1962, who failed to register with the Selective Service System, under the provisions of the

Yes

Have you ever been convicted of a felony or a first degree misdemeanor ?

No

If yes, what were the charges ?

Where ? (City/State)

Date

Have you ever pled nolo contendere or guilty to a crime which is a felony or a first degree misdemeanor ?

No

If yes, what were the charges ?

Where ? (City/State)

Date

Have you ever had the adjudication of guilt withheld for a crime which is a felony or first degree misdemeanor ?

No

If yes, what were the charges ?

Where ? (City/State)

Date



## Signature

I am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify me for employment and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, human resources staff, and other authorized employees of Florida state government for employment purposes. The consent shall continue to be effective during my employment if I am hired. I understand that applications submitted for state employment are public records. I certify to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.  
**If applicable, Complete Qualifying Questions prior to submitting your application.**

U.S. Military Selective Service Act, during the person's period of eligibility (ages 18 through 25). Additionally, if currently employed by the state, this law prohibits the promotion of such person. You may be required to provide documentation. If you are a male born on or after October 1, 1962, have you registered with the Selective Service or do you have proof of an exemption from this requirement?

By checking this box, I certify that I have read and agree with these statements

Yes

Interview Result

overdueInterviews

### ▼ Screening Details

Are you a citizen of the United States?

Yes

Do you possess a valid driver's license?

Yes

Are you a high school graduate or its equivalent?

Yes

Have you ever been convicted of or had adjudication withheld for a felony offense?

No

Have you ever been convicted of any felony or of a misdemeanor involving perjury or false statement?

No

Have you ever received a dishonorable discharge from any of the Armed Forces of the United States?

No

Have you ever been adjudicated guilty for a felony and/or misdemeanor crime

No

involving Domestic  
Violence?

Do you have a final  
injunction for protection  
currently in force for  
Domestic Violence?

No

▼ Periods of Employment

\* Name of Employer Monterey boats

\* Your Job Title warehouse employee

\* Currently Employed No

\* Start Date 05/01/2022

\* End Date 08/15/2022

\* Hours Per Week 55

Employer's Address

Supervisor's Name

Supervisor's Phone  
Number

\* Duties and  
Responsibilities small parts

\* Reason For Leaving acid burns

Your name, if different  
during employment

\* Name of Employer uber

\* Your Job Title driver

\* Currently Employed Yes

\* Start Date 02/04/2022

\* End Date MM/DD/YYYY

\* Hours Per Week 70

Employer's Address

Supervisor's Name

Supervisor's Phone  
Number

\* Duties and  
Responsibilities driver

\* Reason For Leaving NA

Your name, if different during employment

\* Name of Employer Ayr

\* Your Job Title warehouse employee

\* Currently Employed No

\* Start Date 08/30/2021

\* End Date 02/03/2022

\* Hours Per Week 40

Employer's Address

Supervisor's Name

Supervisor's Phone Number

\* Duties and Responsibilities CNC Machine

\* Reason For Leaving Car accident

Your name, if different during employment

\* Name of Employer Anderson Outdoor Adventures

\* Your Job Title Associate

\* Currently Employed No

\* Start Date 07/01/2020

\* End Date 09/30/2020

\* Hours Per Week 20

Employer's Address Manatee Springs State Park

Supervisor's Name

Supervisor's Phone Number

\* Duties and Responsibilities Load and unload kayaks, as well as work cashier for the concession area.

\* Reason For Leaving laid off

Your name, if different during employment



\* Name of Employer      Taco Bell

\* Your Job Title      Team member

\* Currently Employed      No

\* Start Date      06/01/2020

\* End Date      07/01/2020

\* Hours Per Week      40

Employer's Address

Supervisor's Name

Supervisor's Phone  
Number

\* Duties and Responsibilities      Worked the back of the house, cashier, and line cook.

\* Reason For Leaving      changed jobs

Your name, if different  
during employment

\* Name of Employer      Tractor Supply

\* Your Job Title      Team Member

\* Currently Employed      No

\* Start Date      01/01/2020

\* End Date      04/30/2020

\* Hours Per Week      30

Employer's Address

Supervisor's Name

Supervisor's Phone  
Number

\* Duties and Responsibilities      Duties involved moving freight throughout the store and customer service.

\* Reason For Leaving      laid off

Your name, if different  
during employment

\* Name of Employer      Circle K

\* Your Job Title                      Cashier

\* Currently Employed                No

\* Start Date                          06/01/2019

\* End Date                            04/30/2020

\* Hours Per Week                    40

Employer's Address

Supervisor's Name

Supervisor's Phone  
Number

\* Duties and                          Handled multiple customers while maintaining a  
Responsibilities                      functioning store.

\* Reason For Leaving                changed jobs

Your name, if different  
during employment

\* Name of Employer                Dollar General

\* Your Job Title                      Warehouse Loader

\* Currently Employed                No

\* Start Date                          09/01/2018

\* End Date                            03/31/2019

\* Hours Per Week                    50

Employer's Address

Supervisor's Name

Supervisor's Phone  
Number

\* Duties and                          Loader  
Responsibilities

\* Reason For Leaving                required 20 hours overtime

Your name, if different  
during employment

\* Name of Employer                T.J. Maxx

\* Your Job Title                      Sales Associate

\* Currently Employed                No

\* Start Date 06/01/2015

\* End Date 08/31/2018

\* Hours Per Week 35

Employer's Address

Supervisor's Name

Supervisor's Phone  
Number

\* Duties and Responsibilities Processed freight and assisted customers on the sales floor as well as on theregister.

\* Reason For Leaving needed better pay

Your name, if different  
during employment

\* Name of Employer Cici's Pizza Buffet

\* Your Job Title Team Member

\* Currently Employed No

\* Start Date 02/01/2013

\* End Date 03/31/2015

\* Hours Per Week 20

Employer's Address

Supervisor's Name

Supervisor's Phone  
Number

\* Duties and Responsibilities Prepared food and served customers while maintaining a sanitary environment.

\* Reason For Leaving hour shortage

Your name, if different  
during employment

\* Name of Employer A-OK Autoworks

\* Your Job Title Detailer

\* Currently Employed No

\* Start Date 03/01/2012

\* End Date 10/31/2012



\* Hours Per Week 30

Employer's Address

Supervisor's Name

Supervisor's Phone  
Number

\* Duties and Responsibilities Detailer: Performed custom auto restoration, both interior and exterior. (this location has closed)

\* Reason For Leaving laid-off

Your name, if different  
during employment

\* Name of Employer Hungry Howie's Pizza

\* Your Job Title Team Member

\* Currently Employed No

\* Start Date 02/01/2011

\* End Date 02/29/2012

\* Hours Per Week 35

Employer's Address

Supervisor's Name

Supervisor's Phone  
Number

\* Duties and Responsibilities Team Member: Aided customers as a cashier, and independently opened and closed the restaurant.

\* Reason For Leaving closed

Your name, if different  
during employment

\* Name of Employer Skate Station Funworks

\* Your Job Title Team Associate: Go-Kart maintenance and general associate

\* Currently Employed No

\* Start Date 02/01/2007

\* End Date 10/31/2010

\* Hours Per Week 40

Employer's Address

Supervisor's Name

Supervisor's Phone  
Number

\* Duties and Responsibilities      UNSPECIFIED

\* Reason For Leaving      changed jobs

Your name, if different  
during employment

▼ Formal Education

\* Name of School      Santa Fe College

\* Location      Gainesville. FL

\* Start Date      08/17/2010

End Date      06/30/2017

Course of Study      Criminal Justice Technology

\* Degree Earned  
(transcripts may be  
required)      Associates

Credit Hours – Quarter

Credit Hours – Semester

▼ Language Skills

There are no items in this section.

▼ License, Registration or Certification

There are no items in this section.

▼ Job-Related Training or Course Work

There are no items in this section.

▼ Knowledge, Skills and Abilities

There are no items in this section.

# Onboarding Report for Cody Lord

The behavioral assessment that Cody recently completed evaluates dozens of attributes that are referred to as behavioral DNA. The feedback and suggestions in this report are based on the behavioral preferences Cody described through out the assessment. The following pages include more information about how Cody's behavioral preferences are likely to impact their day-to-day work experiences. It is important to note that there are no right or wrong behaviors! These suggestions are solely meant to ensure you and Cody have the most successful and transparent onboarding experience possible.

## About Cody Lord

On the job look for Cody to:

- Seek opportunities to focus on the "high level" aspects of tasks
- Avoid getting stuck on the details
- Enjoy working with other individuals to complete work
- Be open to others' input and contributions
- Rely on instincts when solving problems
- Enjoy roles that are less data driven

## Onboarding Activities

**Training** - During training, expect Cody to be more concerned with progress than perfection and to be an active participant in most team-based activities. Also, be aware that Cody may not take all relevant facts into account when solving problems and be motivated without the opportunity for rewards. The instructor may benefit by identifying job-related situations when actual data will help Cody make better decisions and making sure Cody is recognized for achievements.

**Task** - When taking on new tasks, look for Cody to avoid getting stuck on the details of tasks and to prefer accomplishing work through groups most of the time. Be aware that Cody may overlook the facts when developing solutions and may put forth less effort when work is not recognized. When assigning tasks, be sure to remind Cody that solutions must be fact-based and to provide frequent recognition for Cody's work.

**Time Management** - With regard to time management, expect Cody to allow others to take care of the details and to seek opportunities to work in teams. Consider that Cody may misjudge the time required to accomplish tasks and may manage time less effectively when rewards are not offered. You may help by pointing out important facts to consider when developing timelines and by recognizing Cody's progress toward goals on a regular basis.

**Team** - When working on a team, expect Cody to progress on a task regardless of details and to enjoy working with others. Consider that Cody may doubt any facts that oppose instincts and may lose motivation without praise from others. When assigning work to teams, help Cody to give more attention to factual information and to be less concerned with rewards.

**Supervisor** - When working with a supervisor, expect Cody to value progress over perfection and to prefer



to contribute as part of a team. Recognize that Cody may emphasize personal opinions over the facts when making decisions and may require frequent recognition. You may improve the onboarding experience by directing Cody to examine the accuracy of opinions before taking action and by recognizing Cody's major achievements.

## Resources

These particular development resources were selected specifically for Cody based on behaviors as compared with those of an ideal candidate. These resources will help Cody to strengthen developing characteristics and focus on areas of potential growth.

### Books

Overachievement: The New Model for Exceptional Performance

The 17 Essential Qualities of a Team Player: Becoming the Kind of Person Every Team Wants

Medici Effect: What Elephants and Epidemics Can Teach Us About Innovation

Life Types: Understand Yourself and Make the Most of Who You Are

### Audios

Step Up to Success in Business and in Life

The Five Dysfunctions of a Team [Audiobook, Unabridged] [Audio CD]

Department of Corrections

VERIFICATION OF EDUCATION/LICENSURE/CERTIFICATION

If a class requires a certificate, license, college degree, or high school diploma, it must be verified by supporting documentation or by contacting the academic institution or board prior to an offer of employment. If the applicant has the required experience or a combination of education and experience in lieu of the education requirements, **verify the applicant's highest level of education.**

Place a check mark beside the type of diploma, degree, college hours or licensure obtained and provide the rest of the information requested within the section.

Applicant's Name: Cody Lord

Official Class Title: \_\_\_\_\_

Position #: \_\_\_\_\_ Closing Date: \_\_\_\_\_

☐ High School Diploma Date Earned: \_\_\_\_\_  
☐ Vocational/Technical Training  
Program Name: \_\_\_\_\_  
Program Name: \_\_\_\_\_  
# of classroom hours completed \_\_\_\_\_  
Certificate Earned: Yes ☐ No ☐

☒ College Degree Major: Criminal Justice Technology  
Degree Type: Associate Date Earned: 6/16/2017  
Is College Accredited? Yes ☒ No ☐

☐ College Hours Earned (Transcript) Major: \_\_\_\_\_  
# of semester hours \_\_\_\_\_  
# of quarter hours \_\_\_\_\_

☐ Appropriate License or Certificate  
Explain: Public college in Florida

☐ List required coursework: \_\_\_\_\_

Verification completed by: ☐ Phone ☒ Degree/Transcript/Licensure/Certification attached

Educational Institution Contact Person: \_\_\_\_\_

Name of Person Providing Information: \_\_\_\_\_

Signature: Madison Ross Date Completed: 11/17/22

90-1114515-9

ON FILE

M

11-03-2008

## NAME AND CURRENT MAILING ADDRESS

90-1114515-9

CODY DANIEL LORD

(DO NOT WRITE IN THE ABOVE SPACE.)



First explore your interest, then decide which career path is right for you. Visit [todaysmilitary.com/ssb2](http://todaysmilitary.com/ssb2) or fill out and return the enclosed reply card for more information.

## Change of Information Form

If any information shown is incorrect, make corrections, sign and return this top portion to:  
Selective Service System, P.O. Box 94636, Palatine, Illinois 60094-4636

TODAY'S DATE

SIGNATURE OF REGISTRANT

SSS Digital Acknowledgment SSS Form 3B (Feb-21)



## Dear Registrant:

Please keep this letter or wallet sized acknowledgment card as legal proof of your registration. Please review this letter carefully, and use the top portion of this letter to update and/or correct your information. Line through any mistakes and write in the correct information.

**IF YOU MADE CHANGES:** Cut off the top portion of this letter, and mail it to Selective Service System, P.O. Box 94636, Palatine, Illinois 60094-4636. If your information is correct, do not return this form. However, if any of your information changes, you are required to notify the Selective Service System within 10 days. If changing only your address, you may make the changes at <https://www.sss.gov/Registration/Change-of-Information/Address-Change-Form>.

For Non-Immigrants: If you are on a valid visa and believe that you were registered in error, send this entire form and proof of your immigration status to: Selective Service System, P.O. Box 94638, Palatine, Illinois 60094-4638. A complete list of acceptable documentation may be found at <https://www.sss.gov/Portals/0/PDFs/DocumentationList.pdf>.

Thank you for your cooperation, and please call us at 1-847-688-6888 if you have any additional questions/concerns.

## THIS IS NOT AN OFFICIAL FORM OF IDENTIFICATION

We estimate the public reporting burden for this collection will vary from 1 - 2 minutes per response, including time for reviewing instructions, searching existing data sources, gathering data, and completing and reviewing the information. Send comments regarding the burden statement or any other aspects of the collection of information, including suggestions for reducing the burden to: Selective Service System, SSS Forms Officer (3240-0003), Arlington, VA 22209-2425. The OMB control number 3240-0003, is currently valid. Persons are not required to respond to this collection unless it displays a valid OMB control number.



Here's your official  
Registration Acknowledgment

Cut it out and safeguard it as your proof of having registered.

## Registration Acknowledgment

SELECTIVE SERVICE NUMBER

90-1114515-9

DATE OF BIRTH

NAME AND CURRENT MAILING ADDRESS

CODY DANIEL LORD

SIGNATURE OF REGISTRANT

## SSS Form 3A (Feb-21)

SOCIAL SECURITY NUMBER

LAST ACTION DATE

ON FILE

11-03-2008

The Selective Service System thanks you for registering. This form is your official Registration Acknowledgment. Cut it out and safeguard it as your proof of having registered.

THIS IS NOT AN OFFICIAL FORM OF IDENTIFICATION

ACTING DIRECTOR

Joel C. Spangenberg



## Florida Department of Law Enforcement

### Global Profile Sheet

Name:	Cody Lord				
Race:	WH	Sex:	M	Education:	High School

### Employment

Agency	Class	Type	Start Date	Sep. Date	Sep. Reason	TEA	FP Date
--------	-------	------	------------	-----------	-------------	-----	---------

No Employment Records found for this person

### Salary Incentive

Basic LE	Education	Career Dev.	Maximum Eligible
\$0	\$0	\$0	\$0

### Mandatory Firearms Qualification

Law Enforcement Officer Firearms Qualification Standard
---

No Firearms found for this person

### Certification

Type	Number	Status	Cert. Date	Mand. Ret. Due Date	Mand. Ret. Completion Date	4 Year Break in Service
------	--------	--------	------------	---------------------	----------------------------	-------------------------

No Certificate Records found for this person

### Topic

Topic	Topic Date	Recert Date	Status	Met Req
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There is no topic information available for this person

### Exam

Type	Date	Form	Overall	Amended
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No Exam Record found for this person

Type	Date	Form	Vendor	Overall	Expiration
BATCORR	04/14/2011	2141	Miami-Dade College	Pass	04/14/2015
BATLE	11/03/2015	07LE4	Industrial/organizational Solutions	Pass	11/03/2019

Type	Date	Form	Vendor	Overall	Expiration
BATCORR	02/18/2017	107	Morris & McDaniel, Inc.	Pass	02/18/2021

### Equivalency

Agency	Discipline	Application Date	Decision Date	Approval Authority	Advised Date	Status	Exp Date
--------	------------	------------------	---------------	--------------------	--------------	--------	----------

No Equivalency Records found for this person

### Training

Start Date	End Date	Sequence	Version	Type	MR/SI	Title	Grade	Hours Taught
------------	----------	----------	---------	------	-------	-------	-------	--------------

No Training Records found for this person

### WMD/ICS Training for Certified Law Enforcement Officers

Training Name	Completion Date
Weapons of Mass Destruction(WMD)	Not Completed
Incident Command System (ICS)	Not Completed

Search and manage employment records using Social Security Number

No employment records were found for the person/employee.

Social Security Number:

114

Search

Name: Lord, Cody

### Employment Records

Details	Agency Name	Employment Type	Employment Class	Start Date	Separation Date
No employment found for search.					
(Displaying 0 - 0 of 0, Page: 1/1)					





FLORIDA  
DEPARTMENT of  
CORRECTIONS

CLEAR FORM

Governor

RON DESANTIS

Secretary

RICKY D. DIXON

501 South Calhoun Street, Tallahassee, FL 32399-2500

www.dc.state.fl.us

This letter is to confirm a career service appointment to the class of Correctional Officer for the following candidate:

Full Name: Cody Lord Hire Location: Reception & Medical Center

Position #: 003654 Effective date: 11/18/22 Appointment Rate: \$ 1,600.00

CAD Amount: \$ 0.00 Eligible Counties: *Broward, Dade, Martin, Okeechobee, St. Lucie, Palm Beach, Monroe, Indian River, Broward*


Hiring Bonus: ☒ \$1,000 High Vacancy ☐ N/A

**Remaining Requirements:**

Your continued employment in the class is contingent upon completing the remaining requirements and providing the required documentation listed below within 30 days of hire. Items received before hire are marked below.

- ☒ Passing Drug Test
- ☒ Passing Physical Exam
- ☐ Name Change Documents (adoption, marriage license, divorce decree, etc.)
- ☐ Military records
- ☒ CJBAT passing score
- ☐ Court Documents (related to criminal Charges)
- ☒ Other VOE

In keeping with 110.201 F.S., each of the above will be verified as true and correct by the Office of Human Resources. Should you fail any of the above employment requirements or through the additional documents provided you are determined ineligible for the correctional officer position, you will subject to disciplinary action up to and including termination.



Hiring Authority Signature

11-15-22

Date



Applicant Signature

11/14/2022

Date

Florida Department of Corrections

**Receipt for Essential Functions and Position Description**

- 1.) I hereby acknowledge that I have been furnished a copy of the position description and the essential functions for my position of Correctional Officer.
- 2.) I understand that I am responsible for reading and complying with the information provided.
- 3.) I understand that it is my responsibility to obtain clarification from my supervisor regarding any part of the information provided which is not clear.

Cody Lord  
Name Printed  
[REDACTED]  
Social Security Number

Cody Lord  
Signature  
11/03/2022  
Date

DC2-860 (Revised 6/4/13)

In accordance with s. 119.071(5) (a) 2., F.S., your social security number is being collected for verification purposes. This collection is imperative for the performance of this agency's duties and responsibilities as prescribed by law. Inclusion of the social security number will save staff time and result in the request being processed with prompt efficiency. The Department will not use the social security number collected for any purpose other than the purpose provided above.



Florida Department of  
Law Enforcement

**AUTHORITY FOR RELEASE  
OF INFORMATION  
(Background Investigation Waiver)**

Incorporated by Reference in Rule 11B-27.0022(2)(a), F.A.C.



**CJSTC  
58**

To: Concerned Person or Authorized  
Representative of Any Organization,  
Institution or Repository of Records

APPLICANT'S NAME: Cody Lord

DATE OF BIRTH: [REDACTED]

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: [REDACTED]

AGENCY REQUESTING BACKGROUND INFORMATION: Florida Department of Corrections-Reception & Medical Center

ADDRESS: PO Box 628 Lake Butler FL 32054

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:

Section 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.

Cody Lord  
Applicant's Signature

Gainesville FL

12/02/2022  
Date

Applicant's Address

OATH

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

STATE OF Florida

COUNTY OF Union

Sworn to (or affirmed) and subscribed before me by means of Physical Presence ☒ OR Online Notarization ☐ this 3rd

day of November year 22 By Cody Lord

Sergeant Heather Liston  
Signature of Notary Public - State of Florida



SERGEANT HEATHER LISTON

STATE CERTIFIED OFFICER

Sergeant Heather Liston

Print, Type, or Stamp Commissioned name of Notary Public

P.S. 117.10

Personally Known ☐ OR Produced Identification ☒

Type of Identification Produced Driver's License

Effective: 8/9/2001 Pursuant to  
Sections 943.134(2)(a) and (4), F.S.  
Oath amended pursuant to Section 117.05(13)(a), F.S., effective 1/1/2020

Original - Employing Agency

1 of 1

Commission-Approved Revisions: 8/13/2020  
Form Effective Date: 5/2021



## 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

Last Four Digits of Applicant's Social Security Number: [REDACTED]

Applicant's Legal Name: Lord Cody D  
Last First MI

Employing agency: Florida Department of Corrections-Reception & Medical Center

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 18 years of age for correctional officer or 19 years of age for all others.
  - 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" "False" or "NA"

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. I provided documentation of proof of my qualifications to the above listed employing agency.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. I meet the qualifications as specified above.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. I had a criminal record sealed or expunged.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. I separated or resigned from a previous criminal justice employment while under investigation.
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. I am currently serving in good standing in the U.S. Military.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. I previously served in the U.S. Military.
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9. I received a dishonorable discharge from my previous U.S. Military service.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. I am currently certified as a Florida criminal justice officer in the following area(s): Please check the appropriate box(es).
			<input type="checkbox"/> Law Enforcement <input type="checkbox"/> Correctional <input type="checkbox"/> Correctional Probation
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. I authorize the employing agency listed above to apply for my certification. Please check the appropriate box(es).
			<input type="checkbox"/> Law Enforcement <input checked="" type="checkbox"/> Correctional <input type="checkbox"/> 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. Cody Lord 13. 11/14/2022  
Applicant's Signature Date Signed

### 14. OATH

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

STATE OF Florida COUNTY OF Union

Sworn to (or affirmed) and subscribed before me by means of Physical Presence ☒ OR Online Notarization ☐ this 14th

day of November, year 22, By Cody Lord

Sergeant Heather Liston  
Signature of Notary Public - State of Florida



SERGEANT HEATHER LISTON  
STATE CERTIFIED OFFICER  
P.S. 117.10

Sergeant Heather Liston

Print, Type, or Stamp Commissioned name of Notary Public

Personally Known ☐ OR Produced Identification ☒

Type of Identification Produced Driver's License

\*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

**DOMESTIC VIOLENCE AFFIDAVIT**

Pursuant to the Omnibus Consolidated Appropriations Act of 1997, which amends the Gun Control Act of 1968, any person convicted of a misdemeanor crime of domestic violence as defined by the Act is prohibited from shipping, transporting, possessing or receiving firearms or ammunition. There is no "official use" exemption to this prohibition. Accordingly, the Florida Department of Corrections is requiring that every applicant applying for a certified position, required or granted the authority to bear arms, submit the following Affidavit. In addition, the Department will complete an FCIC check on each applicant seeking a certified position.

**NOTE:** A conviction shall not apply for purposes of this law UNLESS:

- (A) The person was represented by counsel in the case or knowingly and intelligently waived the right to counsel in the case; and
- (B) If the person was entitled to a trial by jury under the laws of the convicting jurisdiction, then the conviction must have resulted from:
  - (1) A trial by jury; or
  - (2) The person knowingly and intelligently waived the right to have the case tried by a jury, by guilty plea or otherwise.

\*\*\*\*\*

I, Cody Lord, do solemnly swear and affirm that the following information is true and correct to the best of my knowledge. (For statements (1) and (2) below, in the space provided, please state true or false, followed by your initials.):

(1) True CL That I have never been convicted of a misdemeanor crime of domestic violence, including convictions where adjudication has been withheld, but not including those convictions that have been expunged or otherwise set aside or pardoned. A conviction of a misdemeanor crime of domestic violence is a conviction that:

- (a) is a misdemeanor under Federal or State law; and
- (b) has, as an element, the use or attempted use of physical force, or the threatened use of a deadly weapon, committed by a current or former spouse, parent, or guardian of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse, parent, or guardian, or by a person similarly situated to a spouse, parent, or guardian of the victim.

Requisition # 657884

(2) False



That I have been convicted of a misdemeanor crime of domestic violence, as defined in (1) above, as follows (*please provide the following information for each conviction*):

Court/Jurisdiction: \_\_\_\_\_

Court/Jurisdiction: \_\_\_\_\_

Docket/Case Number: \_\_\_\_\_

Docket/Case Number: \_\_\_\_\_

Statute/Charge: \_\_\_\_\_

Statute/Charge: \_\_\_\_\_

Date sentenced: \_\_\_\_\_

Date sentenced: \_\_\_\_\_

(3) That I understand that violating this law will subject me to a fine of up to \$250,000, imprisonment for not more than ten years, or both.

**I am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date.**

Signature of Employee

State of Florida       )  
County of Union     )

Sworn to or affirmed and subscribed before me this 3<sup>rd</sup> day of NOV, 2022  
by Cody Lord



SERGEANT HEATHER LISTON  
STATE CERTIFIED OFFICER  
P.S. 117.10

Sergeant Heather Liston  
Signature of Notary Public

Sergeant Heather Liston  
Printed Name of Notary

Personally Known \_\_\_\_\_ OR Produced Identification X  
Type of Identification Driver's License





Florida Department of  
Law Enforcement

## OFFICER CERTIFICATION APPLICATION

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



**CJSTC**  
**59**

Please type or print in black or blue ink and use capital and small letters to write names.

1. Social Security Number: [REDACTED]

2. Employment date: \_\_\_\_\_

3. Applicant's Name: Lord  
Last

4. Certification type:

- ☐ Law Enforcement  
☐ Law Enforcement Auxiliary  
☒ Correctional  
☐ Correctional Auxiliary  
☐ Correctional Probation

Cody D  
First MI

\*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.

5. Agency ORI Number: FL \_\_\_\_\_

6. Date of birth: [REDACTED]

7. Agency name: \_\_\_\_\_

8. Cody Lord 11/14/2022  
Applicant's signature Date

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

- ☐ Minimum age of 18 for correctional officer or 19 for all others  
☐ U.S. Citizenship  
☐ High School Graduate or Equivalent  
☐ Background Investigation form CJSTC-77  
☐ Proof of military discharge, if applicable  
☐ Fingerprint Response or Fingerprint Notification form CJSTC-62  
☐ Registration of Employment Affidavit of Compliance form CJSTC-60

- ☐ Physician's Assessment form CJSTC-75  
☐ Drug Screening Results  
☐ Affidavit of Applicant Form CJSTC-68  
☐ Completion of Basic Recruit Training  
☐ Acceptable Score on Officer Certification Examination  
☐ 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. \_\_\_\_\_ 11. \_\_\_\_\_  
Agency Administrator or Designee's Signature Date

### OATH

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

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of Physical Presence ☐ OR Online Notarization ☐ this \_\_\_\_\_  
day of \_\_\_\_\_, year \_\_\_\_\_, By \_\_\_\_\_

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 \_\_\_\_\_

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

### CJSTC USE ONLY

FDLE Field Specialist's Name

Review Date

**FLORIDA DEPARTMENT OF CORRECTIONS**  
**AGREEMENT TO REIMBURSE TRAINING COSTS BY**  
**FLORIDA DEPARTMENT OF CORRECTIONS RECRUITS**  
**CORRECTIONAL OFFICER**

Recruit Name: Cody Lord

Recruit Address: [REDACTED]

Recruit Social Security Number: [REDACTED]

Date of Agreement: 11/14/2022

The Florida Department of Corrections (FDC) and the recruit identified above enter into this Training Costs Reimbursement Agreement (Agreement) pursuant to the provisions of section 943.16, Florida Statutes, whereby FDC agrees to pay for the recruit's costs and expenses related to initial training and uniforms required to become a Correctional Officer (*see "Itemized Cost of Training and Expenses for Correctional Officers," DC2-8057A*). In consideration for receiving these benefits and upon being offered employment by FDC, the recruit hereby understands and expressly agrees to the following terms and conditions:

1. This Agreement does not constitute an employment contract between the recruit and FDC; FDC reserves the right, as the employer, to hire, reassign, discipline, or to terminate employment in accordance with applicable law and FDC policies.
2. This Agreement does not grant the recruit any special rights or benefits from FDC nor does it require FDC to offer any position of employment as a Correctional Officer.
3. The recruit shall serve as a Correctional Officer or in the corrections officer class and remain employed with the Department for an obligation period of not less than two years. The obligation period begins on the day after passing the exam for certification by the Florida Department of Law Enforcement and ends two years from that date.
4. Should the recruit voluntarily terminate employment with FDC at any time prior to the expiration of the employment obligation period, the recruit shall reimburse FDC 100% of the BRTP tuition and other course expenses (*see DC2-8057A*). FDC will deduct as much of the reimbursement costs due to the Department as possible from any final leave payments due to the recruit upon separation. The recruit shall be personally responsible to reimburse any outstanding remaining balance.
5. A voluntary resignation or evidence of intentional termination of employment, prior to the expiration of the employment obligation period, including but not limited to failure to report to work, excessive absenteeism, or job abandonment necessitating dismissal, shall be prima facie evidence that the recruit voluntarily terminated FDC employment.
6. The recruit's successful completion of BRTP, status as a certified Law Enforcement Officer, or prior employment with FDC, shall not alter this Agreement or affect any other terms or conditions of the recruit's present employment with FDC.

DC2-8057 (Revised 10/25/22)

1

In accordance with section 119.071(5)(a)2., F.S., your social security number is being collected for verification purposes.

This collection is imperative for the performance of this agency's duties and responsibilities as prescribed by law. Information submitted on the application must be verified prior to appointment. Inclusion of the social security number will save staff time and result in the position being filled with prompt efficiency.

The Department will not use the social security number collected for any purpose other than the purpose provided above.

7. Should the recruit fail to repay the entire reimbursement amount within 60 days from voluntarily terminating FDC employment, FDC may institute a civil action to collect any outstanding amount due. Venue for any civil action necessary to enforce this Agreement will be in Leon County, Florida.

8. This Agreement may be used as evidence of the recruit's obligation to reimburse FDC for all B RTP expenses.

9. The recruit shall pay all costs, expenses, and attorney's fees incurred by the State of Florida or FDC, as a result of having to enforce this Agreement.

IN WITNESS WHEREOF, I have signed this Agreement on the date located below my printed name and signature.

Cody Lord  
(Signature)

Sergeant Heather Liston  
(Signature)

Cody Lord  
(Printed name)

Witnessed by: Sergeant Heather Liston  
(Printed name)

11/14/2022  
(Date)

11/14/2022  
(Date)

STATE OF FLORIDA  
COUNTY OF Union

Sworn to (or affirmed) and subscribed before me this 14th day of November, 2022 by

(Notary Seal)



SERGEANT HEATHER LISTON

STATE CERTIFIED OFFICER

P.S. 117.10

Sergeant Heather Liston  
(Signature of Notary Public - State of Florida)

Sergeant Heather Liston  
(Name of Notary Printed, or Stamped)

Personally Known ☐ OR Produced Identification ☒

Type of Identification Produced: Driver's License



**FLORIDA DEPARTMENT OF CORRECTIONS**  
**ITEMIZED COST OF TRAINING AND EXPENSES FOR**  
**CORRECTIONAL OFFICERS**

Listed below are the cost of tuition, travel, and field training costs if these costs apply. Only costs incurred by the Florida Department of Corrections will be required to be reimbursed pursuant to section 943.16, Florida Statutes. (The costs listed below are the maximum.)

Institutional Academy On-Boarding	\$ 2,334.00
Academy Tuition/Equipment/Materials	\$ 3,184.46
<b>TOTAL</b>	<b>\$ 5,518.46</b>

I have read and understand the above listed costs for my training and agree to the total listed.

IN WITNESS WHEREOF, I have signed this Agreement on the date printed below my signature.

Cody Lord  
(Signature)

Sergeant Heather Liston  
(Signature)

Cody Lord  
(Printed name)

Witnessed by: Sergeant Heather Liston  
(Printed name)

11/14/2022  
(Date)

11/14/2022  
(Date)

**FLORIDA DEPARTMENT OF CORRECTIONS**

**NON-COMPETE AGREEMENT WITH THE  
FLORIDA DEPARTMENT OF CORRECTIONS**

Full Name: Cody Lord

Address: [REDACTED]

Social Security Number: [REDACTED]

Date of Agreement: 11/14/2022

The Florida Department of Corrections (FDC) and the recruit identified above ("Recruit") enter this Non-Compete Agreement ("the Agreement"), pursuant to the provisions of sections 542.335 and 943.16, Florida Statutes, whereby FDC agrees to pay for the Recruit's salary, costs, and expenses related to basic recruit training, certification, and uniforms required to become a Correctional Officer (CO) or a Correctional Probation Officer (CPO). In consideration for receiving these benefits and upon being offered employment by FDC, the recruit hereby understands and expressly agrees to the following terms and conditions:

1. This Agreement is effective on the day after successfully completing the Basic Recruitment Training Program (BRTP) and for a two year obligation period.
2. The obligation period begins on the day after successfully completing the Basic Recruit Training Program (BRTP) and ends two years from that date.
3. This Agreement does not constitute an employment contract between the recruit and FDC; FDC reserves the right, as the employer, to hire, reassign, discipline, or to terminate employment in accordance with applicable rules, statutes, and FDC policies.
4. This Agreement does not grant the Recruit any special rights or benefits from FDC nor does it require FDC to offer any position of employment as a CO or CPO.
5. The Recruit shall remain in employed with the FDC for a period of not less than 2 years from the Effective Date after the successful completion of the BRTP.
6. Cody Lord shall not, at any time during the period of two years from and after the successful completion of the employment obligation period, within the State of Florida, become employed or contracted, as an employee, or in any relation or capacity whatsoever, in work that requires a Correctional Officer or Correctional Probation Officer certification or in any law enforcement work similar to or in any way competitive with the work now conducted by the FDC within a 100-mile radius of her/his current duty station. This includes, but is not limited to, working for county jails and/or detention facilities operated by a private company.
7. If the Recruit fulfills the two-year obligation period, this non-compete agreement will be considered null and void.
8. A voluntary resignation or evidence of intentional termination of employment, prior to the expiration of the obligation period, including but not limited to failure to report to work, excessive absenteeism, or job abandonment necessitating dismissal, shall be prima facie

In accordance with section 119.071(5)(a)2., F.S., your social security number is being collected for verification purposes.

This collection is imperative for the performance of this agency's duties and responsibilities as prescribed by law. Information submitted on the application must be verified prior to appointment. Inclusion of the social security number will save staff time and result in the position being filled with prompt efficiency.

The Department will not use the social security number collected for any purpose other than the purpose provided above.

evidence that the recruit voluntarily terminated FDC employment. If the Recruit is dismissed or resigns for any reason prior to obligation period, this Agreement will apply.

9. The Recruit's successful completion of BRTP, status as a certified Correctional Officer or a certified Correctional Probation Officer, or prior employment with FDC, shall not alter this Agreement or affect any other terms or conditions of the Recruit's present employment with FDC.
10. If the Recruit previously separated from FDC without fulfilling the obligation period and is rehired with certification in good standing, the obligation will continue until the remaining days of obligation are fulfilled.
11. Non-solicitation. During the term of your employment, and for a period of one year immediately thereafter, Cody Lord agree not to solicit any employee of the FDC on behalf of any other law enforcement or correctional agency, nor shall Cody Lord induce any employee associated with the FDC to terminate or breach an employment, contractual or other relationship with the FDC.
12. Injunctive Relief. You hereby acknowledge (1) that the FDC will suffer irreparable harm if Cody Lord breaches her/his obligations under this Agreement; and (2) that monetary damages will be inadequate to compensate the FDC for such a breach. Therefore, if Cody Lord breaches any of such provisions, then the FDC shall be entitled to injunctive relief, in addition to any other remedies at law or equity, to enforce such provisions.
13. Severable Provisions. The provisions of this Agreement are severable, and if any one or more provisions may be determined to be illegal or otherwise unenforceable, in whole or in part, the remaining provisions and any partially unenforceable provisions to the extent enforceable shall nevertheless be binding and enforceable.
14. Modifications. This Agreement may be modified only by a writing executed by both Cody Lord and the FDC.
15. Prior Understandings. This Agreement contains the entire agreement between the parties with respect to the subject matter of this Agreement. The Agreement supersedes all prior understanding, agreements, or representations.
16. Waiver. Any waiver of a default under this Agreement must be made in writing and shall not be a waiver of any other default concerning the same or any other provision of this Agreement. No delay or omission in the exercise of any right or remedy shall impair such right or remedy or be constructed as a waiver. A consent to or approval of any act shall not be deemed to waive or render unnecessary consent to or approval of any other or subsequent act.
17. Jurisdiction and Venue. This Agreement is to be construed pursuant to the laws of the State of Florida. Cody Lord agrees to submit to the jurisdiction and venue of any court of competent jurisdiction in Leon County, Florida without regard to conflict of laws provisions, for any claim arising out of this Agreement.



IN WITNESS WHEREOF, I have signed this Agreement on the date located below my printed name and signature.

Cody Lord  
(Signature)

Sergeant Heather Liston  
(Signature)

Cody Lord  
(Printed name)

Witnessed by: Sergeant Heather Liston  
(Printed name)

11/14/2022  
(Date)

11/14/2022  
(Date)

STATE OF FLORIDA  
COUNTY OF Union

Sworn to (or affirmed) and subscribed before me this 14th day of November, 2022 by

(Notary Seal)



SERGEANT HEATHER LISTON  
STATE CERTIFIED OFFICER  
P.S. 117.10

Sergeant Heather Liston  
(Signature of Notary Public - State of Florida)

Sergeant Heather Liston  
(Name of Notary Printed, or Stamped)

Personally Known    OR Produced Identification X

Type of Identification Produced: Driver's license



Florida Retirement System

## FRS Employment Certification Form

This form is not an offer of employment and completion of this form does not constitute enrollment in a retirement program under the Florida Retirement System (FRS). If you are hired, information about your retirement plan options may be mailed to your address on file.

**1**

**Enter  
Your Info**  
PLEASE  
PRINT

Cody Lord  
NAME

[REDACTED]  
SOCIAL SECURITY NUMBER

CURRENT AGENCY NAME

PREVIOUS AGENCY NAME

**2**

**Confirm  
Prior  
Member-  
ship**

**Have you ever been a member of a State of Florida-administered retirement plan?**

☒ **No, I have never been a member of a State of Florida-administered retirement plan.**  
If No, skip to section 4.

☐ **Yes, I have been a member of a State of Florida-administered retirement plan.**  
If Yes, indicate which plan(s) you are or were a member of, then proceed to section 3.

☐ FRS Pension Plan (including DROP)

☐ FRS Investment Plan

☐ Senior Management Service Optional Annuity Program (SMSOAP)

☐ State Community College System Optional Retirement Program (SCCSORP)

☐ State University System Optional Retirement Program (SUSORP)

☐ Other

If you answered YES above but have never made a retirement plan election (including default) between the FRS Pension Plan and the FRS Investment Plan, you will have a choice period established for you with a designated deadline. See page 2 for additional information on making a choice.

**3**

**Confirm  
Retiree  
Status**

**Are you retired from a State of Florida-administered plan? You are considered retired if:**

- You have received any benefits (other than a withdrawal of your employee contributions) under the FRS Pension Plan, including DROP.
- You have taken any distribution (including a rollover) from the FRS Investment Plan, or other state-administered retirement programs offered by state universities (SUSORP), state community colleges (SCCSORP), state government for senior managers (SMSOAP), or local governments for senior managers.

☒ **No, I am not retired from a State of Florida-administered plan.** I understand that if it is later determined I am retired, both my employer and I might be liable for repaying retirement benefits I have received if I am reemployed by or provide services to an FRS-covered employer through any paid or unpaid arrangement as described below. Refer to Page 2 for additional information.

☐ **Yes, I am retired from a State of Florida-administered plan, and I understand I must satisfy any termination requirement prior to returning to FRS employment.**

If Yes, enter your FRS Pension Plan retirement effective date, DROP termination date, or date you received your first distribution from the FRS Investment Plan, SUSORP, SCCSORP, SMSOAP, or other plan.

DATE

**4**

**Sign  
Here**

By signing below, I acknowledge that I have read and understand the information on pages 1 and 2 of this form, and I certify all supplied information to be true and correct.

Cody Lord  
SIGNATURE

11/14/2022  
DATE

**Questions?** Call the MyFRS Financial Guidance Line at 1-866-446-9377, Option 2 (TRS 711) or visit MyFRS.com.

This completed form, including page 2, should be retained in the employee's personnel file. Do not send this form to the FRS, unless requested.

# Retirement Distributions

Below you can retrieve distribution information for members who have retired from the FRS Pension Plan, FRS Investment Plan, Senior Management Service Optional Annuity Program (SMSOAP), the State University System Optional Retirement Program (SUSORP) and State Community College System Optional Retirement Program (SCCSORP).

The SSN you entered was not found.

## Choose how you want to retrieve information.

[New Distributions](#)

[Distributions by Date](#)

[Retirement by SSN](#)

### Retirement by SSN

Retrieve the retirement information by Social Security Number.

SSN (999999999)

Next

If you need additional information concerning the reemployment of a former FRS Pension Plan member, please review the Florida Retirement System Employer Handbook, Chapter 1, Section VIII.

If you need additional information concerning the reemployment of a former FRS Investment Plan member, please carefully review 121.091(9), F.S., the [Investment Plan Summary Plan Description](#), pages 52 through 54, as well as the [termination and reemployment document](#) for distributions from a defined contribution plan. If you have additional questions concerning the reemployment of an Investment Plan member, please call E&Y toll-free on the Employer Assistance Line (1-866-377-2121, Option 3).

Give Feedback



# Global Member Search

Below you can search for an individual member or upload a file to search multiple members. This will provide members' retirement status and last reported plan code if they have participated in the FRS.

No member record was found for the SSN specified.

## How would you like to search for members?

Search by SSN

Search by Flatfile

Upload

### Search for Member by SSN

To search for an individual member, input the SSN below and click "Search".

SSN (999999999)

Search

## EMPLOYEE TRANSACTION CONDENSED REPORT

RUN DATE : 11/17/2022

PAGE : 1



APPT ID	LAST NAME	FIRST NAME	MI	AGENCY NAME	PAY PLAN	APPT FTE	POS NUM	CLASS TITLE		TRANSACTION DESCRIPTION	REASON CODE DESCRIPTION	PAY PERIOD RATE OF PAY	ANNUAL SALARY	EFFECTIVE DATE
GRAND TOTAL:														

EMPLOYEE TRANSACTION CONDENSED REPORT

RUN DATE : 11/17/2022

PAGE : 2



**SELECTION CRITERIA:**

AGENCY CODE:  
ORG CODE:  
EMPLOYEE TYPE:  
APPT ID:  
LOGIN ID:  
SSN:  
BEGIN DATE:  
END DATE:  
TRANSACTION CODE:



[illegible]

TE OF PAY	ANNUAL SALARY	EFFECTIVE DATE



## Acknowledgment of Inmate Relationship

I have been made aware of the expectations related to working for the Florida Department of Corrections while a relative and/or having a personal relationship with an individual in the custody of or under the supervision of the Department. I understand that I am to maintain a professional relationship with any individual in the custody of or under the supervision of the Department. This includes not discussing any information gleaned through performing my daily duties with the Florida Department of Corrections. I understand that participating in an unprofessional relationship may lead to disciplinary action, up to, and including termination.

Indicated below are all individuals in the custody of or under the supervision of the Florida Department of Corrections that I have a personal relationship with or to whom I am related.

DC Number	Name	Relationship (i.e., sibling, spouse, parent, cousin, friend, etc.)	Facility

Cody Lord

Employee Name (Printed)

Cody Lord

Employee Signature

11/23/22

Date

Sergeant Heather Liston

Witness Name (Printed)

Sergeant Heather Liston

Witness Signature

11/3/22

Date





**FLORIDA DEPARTMENT OF CORRECTIONS  
TATTOO AND BODY MODIFICATION POLICY AGREEMENT**

Pursuant to "Correctional Officer Uniform Requirements," Procedure 602.043, a Correctional Officer applicant is required to sign a "Tattoo and Body Modification Policy Agreement," DC2-8078, which acknowledges her/his understanding of the procedure. Correctional Officers and Correctional Officers in Temporary Employment Authorization (TEA) status are permitted to have tattoos provided they conform to the following guidelines:

- (1) Tattoos shall not be visible on or about the face of a staff member while wearing any uniform of the Florida Department of Corrections (FDC). A staff member who currently has tattoos on the face shall completely conceal the marking by applying cosmetic cover-up makeup to completely conceal the tattoo(s). The cosmetic cover-up makeup shall blend in with the employee's skin color and shall be purchased at the staff member's expense.
- (2) A staff member who has visible tattoos that contain extremist, sexist, racist, nudity, gang-related, or vulgar material, which are visible while wearing a short-sleeve shirt, shall completely conceal the objectionable marking by utilizing one or more of the below:
  - (a) wear the Class-A uniform;
  - (b) utilize a black tattoo cover-up sleeve, without any visible design or logo, that completely covers the tattoo(s). The sleeve(s) shall be provided by the staff member;
  - (c) wear a dry-fit long sleeve shirt, which shall be purchased at the staff member's expense; and/or
  - (d) apply cosmetic cover-up makeup to completely conceal the tattoo(s) while the member is in any authorized uniform or attire. The cosmetic cover-up makeup shall blend in with the employee's skin color and shall be purchased at the member's expense.
- (3) A staff member with tattoos on the neck, head, hands, or fingers who is required to wear a Class A uniform while acting in an official capacity as outlined in (2)(a) of Procedure 602.043. The staff member will utilize cosmetic cover-up makeup that blends with the natural color of the skin to completely cover any visible tattoos. The cosmetic cover-up shall be purchased at the staff member's expense. **Note: This section does not apply to members who have permanent wedding band tattoo, and/or female employees having permanent eyeliner, eyebrows or lipstick, as long as the permanent color is conservative and compliments the complexion and uniform.**
  - (a) Effective July 1, 2022, any staff member who obtains any tattoo(s) on the face, or extremist, sexist, racist, nudity, gang-related, or vulgar material on any areas of her/his person that is visible while the staff member is in any uniform of the FDC shall be deemed as in violation of this policy and subject to discipline, up to and including dismissal.
  - (b) Correctional Officer applicants with any tattoo visible while in any FDC uniform that contains extremist, sexist, racist, nudity, or gang-related material on any areas of her/his person shall be disqualified.
  - (c) Correctional Officer applicants with any tattoo on the, face, shall be disqualified.
  - (d) While attending the FDC - Basic Recruit Training Academy, recruits with tattoos that contain extremist, sexist, racist, nudity, gang-related, or vulgar material that are visible in the Recruit Class-B uniform shall be required to comply with section (1)(bb)(2) of Procedure 602.043, as indicated in section (2) of this form.
  - (e) Upon graduation, those same recruits shall adhere to the guidelines outlined in Procedure 602.043 regarding concealment of their tattoos.

***Nothing within Procedure 602.043 shall be construed as prohibiting body modifications necessitated by any approved medical procedure.***



**FLORIDA DEPARTMENT OF CORRECTIONS  
TATTOO AND BODY MODIFICATION POLICY AGREEMENT**

*I fully understand the consequences of this agreement and have had the opportunity to ask questions about it.  
This form will become part of my personnel file.*

Cody Lord  
Applicant Name (Print)

Cody Lord  
Applicant Signature

**AFFIDAVIT**

STATE OF FLORIDA  
COUNTY OF Union

Before me personally appeared the said Cody Lord, who says that the execution of the above instrument is by free will and accord, with full knowledge of the purpose therefore.

Sworn to (or affirmed) and subscribed before me this 3<sup>rd</sup> day of NOV, 2022, by

(Notary Seal)



SERGEANT HEATHER LISTON  
STATE CERTIFIED OFFICER  
P.S. 117.10

Sergeant Heather Liston  
(Signature of Notary Public - State of Florida)

Sergeant Heather Liston  
(Name of Notary Printed, or Stamped)

Personally Known ☐ OR Produced Identification ☒

Type of Identification Produced: Driver's License

**STATE OF FLORIDA  
DEPARTMENT OF CORRECTIONS  
ESSENTIAL STAFF FAMILY EMERGENCY PREPAREDNESS PLAN**

The next time that an emergency or potential emergency (e.g. hurricane) threatens the State of Florida, you will have two areas of responsibility. The first is to ensure that your family is safe and is able to effectively deal with the emergency. The next is your responsibility to the Department.

If your position is of such a critical nature that you are needed to prepare and implement the Department's emergency response, you will be required to report to work at your scheduled shift. You may be required to report to work on your days off or even come in and work other shifts and perform other duties as required.

If you have special circumstances that you believe may cause difficulty with your compliance with these requirements, you must notify the Department.

**ONCE YOU HAVE REVIEWED THE STATE OF FLORIDA - FAMILY PREPAREDNESS GUIDE AND EVALUATED YOUR FAMILY'S NEEDS, REVIEW AND CHECK ONE OF THE FOLLOWING STATEMENTS:**

**For Essential Staff:**

- ☒ I understand that I am required to report for duty in the event of an emergency or potential emergency, at which time I will be given my work schedule. I have analyzed my family situation and have prepared a plan of action to meet my family's needs in the event of my absence due to duty requirements. I may be required to remain on duty as the emergency progresses and throughout the aftermath as needed. Failure to report to duty as required may result in disciplinary action up to and including dismissal. I will provide my current home address and telephone number including my cell phone number, if applicable to the institutional department head. Any changes to this information will also be submitted in writing to the institutional department head within five (5) days of the change.
- ☒ I understand that I am required to report for duty in the event of a disaster. I have analyzed my family situation and have identified a need for special care that I have not been able to resolve should I be required to report for duty. I request an appointment to discuss this matter with my Director/Warden/Circuit Administrator (or designee).

**For Non-essential Staff:**

- ☒ I understand that even though I am not essential staff I have completed a personal preparedness plan.

**I understand that if my circumstances change, I shall to provide an updated Essential Family Emergency Preparedness Plan Form to my Director/Warden/Circuit Administrator/Deputy Circuit Administrator (or designee).**

Name(print): Cody Lora

Title: Correctional Officer

Signature: Cody Lora

Date: 8/2/24



# FLORIDA DEPARTMENT OF CORRECTIONS

## Medical File Standard Release

EMPLOYEE'S PRINTED NAME: Cody Lord

LAST 4 DIGITS OF SOCIAL SECURITY NUMBER: [REDACTED]

I understand the Americans with Disabilities Act (ADA) provides that medical-related information shall be kept confidential except the following may be provided without my consent:

1. Supervisors and managers may be informed about necessary restrictions on my work or duties and necessary accommodations;
2. First aid and safety personnel may be informed, when appropriate, if I have a disability that might require emergency treatment or if any specific procedures are needed in the case of fire or other evacuations;
3. Government officials investigating compliance with the ADA and other federal and state laws prohibiting discrimination on the basis of a disability or handicap may be provided relevant information upon request; and
4. Relevant information may be provided to state and federal agencies and persons having the legal authority to obtain such information.

No other disclosure of medical information from my file will be made without my written consent.

Cody Lord  
EMPLOYEE'S SIGNATURE

08/02/2024  
DATE

**NOTE:** In the event you refuse to sign this form, you must note "refused to sign" and the date of your refusal on the applicable signature line and return the form to the Office of Human Resources or your local Human Resource contact immediately.

**FORM TO BE FILED IN EMPLOYEE'S CONFIDENTIAL FILE**



**FLORIDA DEPARTMENT OF CORRECTIONS (FDC)**  
**EMPLOYEE HANDBOOK**  
**ACKNOWLEDGEMENT OF RECEIPT**

Employees are required to review the entire handbook and complete acknowledgement.

By signing,

I acknowledge receipt of the Florida Department of Corrections (FDC) Employee Handbook. I accept my responsibility to read and understand this handbook, including the Department's policy on discipline and standards of conduct. I understand the topics discussed in the Employee Handbook represent the general policies of the State Personnel System, and the FDC may impose additional requirements dependent upon the nature of my position and the authority granted by the Department.

Since I do not have access to the electronic acknowledgement of the FDC Employee Handbook, I also agree to allow the local Human Resource contact to acknowledge the Employee Handbook electronically on my behalf.

Cody Lord  
Employee Printed Name

Cody Lord  
Employee Signature

8/2/24  
Date

**\*This form should only be used for staff in the Correctional Officer class series who do not have computer access and are unable to acknowledge the Employee Handbook electronically. Once the employee completes this form, the local Human Resource contact will complete the electronic acknowledgement on the employee's behalf.**



**FLORIDA DEPARTMENT OF CORRECTIONS (FDC)**  
**Protected/Sensitive Information Agreement**

As a government employee user, by signing this agreement I acknowledge and understand the following:

I understand that as a Florida Department of Corrections (FDC) employee, I am required to safeguard protected/sensitive information available on either FDC or outside provider data systems. Protected/sensitive information is defined as any information that is not generally available for public disclosure, including but not limited to: social security numbers or medical information of staff, contractors, visitor, volunteers, or inmates; criminal history information contained on FCIC/NCIC reports; drug testing results, Driver and Vehicle Information Database (DAVID) information; information contained on the Comprehensive Case Information System (CCIS), Offender-Based Information System (OBIS), & Florida Criminal Justice Network (CJNet); information contained on FDC Staff Lookup; & information exempt from public disclosure pursuant to state or federal law. I will not use, access, or provide to another; protected/sensitive information available to me through my employment with FDC except as part of my official duties and with a specific and legitimate work-related purpose.

Additionally, I agree to access information contained on FDC or outside provider systems for work related purposes only. I understand and agree that data system access for either personal or incidental use is strictly prohibited and failure to comply with this or other provisions of this agreement may result in disciplinary action against me up to and including dismissal from my employment with the agency.

My access to the CCIS, CJNet, OBIS, FCIC/NCIC reports, FDC Staff Lookup, People First, Driver and Vehicle Information Database (DAVID), or other data systems available to me through my employment with the FDC, may subject me to the Drivers Privacy Protection Act, 18 United States Code, Section 2721, which imposes both civil and criminal financial penalties and/or the Florida Computer Crimes Act, Section 815.04(5)(a)(b), Florida Statutes, which imposes criminal penalties for the unauthorized destruction or damage to: data, programs, or supporting documentation residing on FDC or outside provider data systems.

I have read the above statements and I am knowledgeable of the Drivers Privacy Protection Act, 18 United States Code, Section 2721, and the Computer Related Crimes Act, Chapter 815, Florida Statutes. My signature below acknowledges that I understand the policy and agree to the above terms and conditions of use.

**User compliance**

I understand and will abide by this Protected/Sensitive Information Agreement. I further understand that should I commit any violation of this policy, my access privileges may be revoked, disciplinary action and/or appropriate legal action may be taken.

Since I do not have access to the electronic acknowledgement of the FDC Protective/Sensitive Information Agreement, I also agree to allow the local Human Resource contact to acknowledge the Protective/Sensitive Information Agreement electronically on my behalf.

Cody Lord  
Employee Printed Name  
8/2/24  
Date

Cody Lord  
Employee Signature





## FLORIDA DEPARTMENT OF CORRECTIONS

### Oath of Office:

I, Cody Lord, a citizen/resident of the State of Florida and of the United States of America, and being employed by or an officer of the Florida Department of Corrections and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support and uphold the Constitution of the United States and of the State of Florida. I will obey the lawful orders of those appointed over me, and I will perform my duties faithfully and in accordance with my mission to ensure the public safety, the support and protection of my co-workers, and the care and supervision of those in my charge, so help me God.

\* In the Oath of Office, employees may strike through the phrase "so help me God" when the employee affirms rather than swears.

### Code of Conduct:

- I. I will never forget that I am a public official sworn to uphold the Constitutions of the United States and the State of Florida.
- II. I am a professional committed to the public safety, the support and protection of my fellow officers, and co-workers, and the supervision and care of those in my charge. I am prepared to go in harm's way in fulfillment of these missions.
- III. As a professional, I am skilled in the performance of my duties and governed by a code of ethics that demands integrity in word and deed, fidelity to the lawful orders of those appointed over me, and, above all, allegiance to my oath of office and the laws that govern our nation.
- IV. I will seek neither personal favor nor advantage in the performance of my duties. I will treat all with whom I come in contact with civility and respect. I will lead by example and conduct myself in a disciplined manner at all times.
- V. I am proud to selflessly serve my fellow citizens as a member of the Florida Department of Corrections.

Cody Lord

Employee's Printed Name

Cody Lord

Employee's Signature

8/2/24

Date

FLORIDA DEPARTMENT OF CORRECTIONS

NOTICE OF RANDOM DRUG TESTING REQUIREMENTS FOR EMPLOYEES

Florida Statutes authorize the Florida Department of Correction to have in place a random drug abuse testing program for employees. Random drug testing for employees shall be conducted in compliance with procedures established in s.112.0455, Florida Statutes, especially 112.0455 (8), (9), and (12), and any subsequent amendments to the aforementioned law.

Definitions:

Drug – For the purpose of this procedure only, amphetamines, cannabinoids, cocaine, phencyclidine (PCP), hallucinogens, methaqualone opiates, barbiturates, benzodiazepines, synthetic narcotics, designer drugs or a metabolite of any substances listed herein.

Drug Test – Any chemical, biological or physical instrumental analysis administered for the purpose of determining the presence of drugs or its metabolites. A drug test is an S-panel urine test (amphetamines, cannabinoids, cocaine, phencyclidine, methaqualone opiates, barbiturates, and benzodiazepines.)

Tests Authorized:

Random – The selection of employees for random drug testing shall be made by a scientifically valid method, such as a computer-generated random number table. Employees shall have an equal chance of being tested each time selections are made. The department may randomly select an annual minimum of 10% of the employees identified as subject to random testing.

Refusal to Submit to a Random Drug Test:

- ❖ No employee shall refuse to submit to a random drug test.
- ❖ Refusals to submit to a drug test by an employee or any evidence of an attempt to defeat the validity of the test shall result in the employee being disciplined up to and including dismissal.

Positive Test Results:

- ❖ Any employee, except for those designated as special risk, who receives a first time positive drug test result shall be given a mandatory referral to the Employee Assistance Program (EAP). The employee shall be required to complete all substance abuse related programs deemed appropriate by the EAP's service provider.
- ❖ Employees in special risk positions who receive a first time positive drug test result shall immediately be removed from their position and shall be dismissed.
- ❖ Any employee who fails to complete such program as indicated above, or who receives a second positive drug test result shall be dismissed.

I HAVE READ AND UNDERSTAND THE ABOVE NOTICE REGARDING RANDOM DRUG TESTING. THIS NOTICE IS PROVIDED TO ALL EMPLOYEES OF THE DEPARTMENT OF CORRECTIONS.

Cody Lord  
Signature

8/2/24  
Date

Cody Lord  
Printed Name

**FLORIDA DEPARTMENT OF CORRECTIONS**

**ACKNOWLEDGMENT OF RESPONSIBILITY**  
**TO MAINTAIN CONFIDENTIALITY OF MEDICAL INFORMATION**


By virtue of your employment or volunteer capacity with the Florida Department of Corrections or an entity working via a contract with the Florida Department of Corrections, you may need to know and, therefore, may be informed of certain medical/mental health information pertaining to individual inmates necessary to perform your assigned duties and/or to classify and transfer inmates to facilities appropriate for delivery of the required health care services for diagnosed medical/mental health conditions.

State law, and in some instances, federal law, mandates that medical/mental health information be kept confidential unless specific written authorization is given by the patient or unless compelled by court order or subpoena when certain conditions are met for release of the medical/mental health information.

By signing this form, you acknowledge that you must maintain as confidential all medical/mental health information regarding any inmate which you obtain in conjunction with your duties and responsibilities and you further acknowledge that you may not disseminate this medical/mental health information to or discuss the medical/mental health condition of an inmate with any person except those persons directly necessary to the performance of your duties and responsibilities. If you have been designated as a member of the department's Healthcare Transfer Team, you may not disseminate inmate medical information to or discuss the medical condition of an inmate with any person except other members of the Healthcare Transfer Team, medical staff, upper level management at the institutional/facility level, regional level, and central office level, or department attorneys. The dissemination or discussion of inmate medical information with the team members or persons enumerated herein shall only be to the extent necessary for the provision of health care to the inmate; the health and safety of others; law enforcement purposes; the administration and maintenance of safety, security and good order of the institution; and other purposes as authorized by law.

Breach of this confidentiality may result in monetary liability and/or civil or criminal penalties imposed by law, and shall subject you to discipline, up to and including dismissal, for violation of department rules.

Cody Lord  
Signature of Employee/Volunteer  
8/2/24  
Date

Cody Lord  
Employee's/Volunteer's Printed Name  
  
Last 4 Digits of Social Security Number

**FLORIDA DEPARTMENT OF CORRECTIONS**  
**PROPRIETARY SOFTWARE ACKNOWLEDGEMENT**

Title 17 United States Code, Section 101 et seq., the Federal Copyright Act, protects the interests of persons who have developed original work of authorship, including computer software. Software developers have for many years relied upon copyrights to protect their interests in these valuable creative works. Violations of the copyright act, such as unauthorized copying of software, can result in substantial criminal penalties.

The Department of Corrections recognizes and supports the legitimate interests of copyright holders, and prohibits its employees from violating the rights of copyright holders. License agreements for software often provide only a right to use the software; these agreements do not transfer ownership of the software to the user. In most cases, license agreements for software prohibit copying of the software, except for archival purposes.

Some license agreements also prohibit use of the software on any machine other than the one for which the license was obtained.

All users of software products licensed to the Department are responsible for upholding the terms of the license agreements. Unless the license clearly provides the right to copy the software or to use it on another machine, employees must assume that it is illegal to do so.

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**ACKNOWLEDGEMENT**

I have read and understand the Florida Department of Corrections' procedures on unauthorized copying of proprietary software. I understand that unauthorized copying is a violation of federal law, and that I may be subject to civil and criminal penalties for unauthorized copying. By signing this form, I agree to abide by these procedures.

Cody Lord  
Employee Name (Printed)

Cody Lord  
Signature of Employee

8/2/24  
Date





## CURRENT DEPARTMENT OF CORRECTIONS EMPLOYEES

### NOTICE OF RESPONSIBILITIES REGARDING NEWLY DEVELOPED AND UPDATED RULES, POLICIES AND PROCEDURES

The department will no longer require current employees to sign for newly developed or updated rules, policies and procedures as this information is maintained on the department's Intranet website and official bulletin board at each work location. Therefore, this is to notify you that it is your responsibility to keep abreast of newly developed rules, policies and procedures on the department's Intranet website at <http://dcweb/>.

If you have questions regarding the department's rules, policies or procedures, you should contact your immediate supervisor or your servicing personnel office for clarification or direction.

I acknowledge receipt of this Notice and understand that it is my responsibility to read and maintain familiarity with newly developed or revised rules, policies or procedures that are maintained through the department's Intranet website and official bulletin boards.

Cody Lord

Employee's Printed Name

[REDACTED]  
People First ID # & Last 4 of Social Security #

Cody Lord

Employee's Signature

8/12/24

Date

Florida Department of Corrections  
**RECEIPT FOR RULES, PROCEDURES, AND POLICIES - NEW EMPLOYEE**

- 1) I understand that my fingerprints will be retained in the Florida Department of Law Enforcement database and any arrest will automatically be reported to the Florida Department of Corrections.
- 2) I hereby acknowledge that today I have been furnished a copy of the rules, procedures, and policies of the Florida Department of Corrections as indicated below.
- 3) I understand that I am responsible for immediately reading and complying with the rules, procedures, and policies.
- 4) I understand that I am responsible for reading and becoming familiar with Chapter 33, Rules of the Florida Department of Corrections, prior to assuming the duties of my position. A copy of the Rules is available for loan at each institution, all community facilities, and Community Corrections' offices. They can also be found on the Department's Intranet site at: <http://www.dc.state.fl.us/legal/ch33/index2.html>. It is also my responsibility to maintain familiarity with Chapter 33, Rules of the Florida Department of Corrections.
- 5) I understand that it is my responsibility to obtain clarification from the Office of Human Resources, local Human Resource contact, or my supervisor regarding any part of these rules, and any other rule, policy, directive, or instruction which is not clear to me.
- 6) I understand that it is my responsibility to read and become familiar with all revised rules, policies, or procedures below and newly developed rules, policies, and procedures that are maintained through the Department's Intranet.

**All Employees:** \*\*Signed forms must be returned to the Office of Human Resources for inclusion in the personnel file\*\*

- (X) Mission & Vision Statement, Code of Conduct, and Oath of Allegiance
- (X) Equal Employment Opportunity (EEO) and Anti-Harassment Statement
- (X) Drug-Free Workplace Statement
- (X) Prison Rape Elimination Act (PREA)
- (X) Rules of the Florida Department of Corrections, Personnel, Chapter 33-208
- (X) Dual Employment and Compensation, 60L-32.003 & Employee Relationships with Regulated Entities, 60L-36.003
- (X) Driver's License Requirement and Mandatory Safety Restraint Use, Form DC2-811
- (X) Acknowledgement of Responsibility to Maintain Confidentiality of Medical Information, Form DC2-813
- (X) Procedure 102.004, Ethics
- (X) Procedure 208.013, Outside Employment
- (X) Procedure 208.041, Domestic or Sexual Violence Program for Staff
- (X) Procedure 602.056, Identification Cards
- (X) Unauthorized Cell Phones in Correctional Institutions, Form NI1-103
- (X) Health Insurance Marketplace Notice, OPB No. 1210-0149

**To be reviewed as applicable, on the Department's Intranet site:**

- |             |     |  |
|-------------|-----|--|
| Non-Uniform | (X) | Procedure 208.003, Dress Code for Non-Uniformed Employees  |
| CPO Series  | (X) | Rules of the Florida Department of Corrections, Probation and Parole Services, Chapter 33-302              |
| TEA         | (X) | Florida Statute 943, Payment of Tuition by Employing Agency (For non-certified officers attending academy) |
| CDL         | (X) | Procedure 208.071, Commercial Driver License Drug & Alcohol Testing Program                                |

Cody Lord  
Employee's Name Printed

Cody Lord  
Employee's Signature

8/2/24  
Date



## FLORIDA DEPARTMENT OF CORRECTIONS

### NEW HIRE PROFILE FORM

Please complete each section of the form in its entirety then print and add your signature and date on the form. Return this form to the Department as directed. This information will be used to enter your personal information into the People First System.

#### Personal Information:

Employee Name (Last, First, Middle):

Lord, Cody Daniel

☐ Publish Nickname

Nickname (Optional):

Home Address:

Date of Birth:

Institution/Office: Lowell CI

Gender: ☒ Male

☐ Female

Marital Status:

☐ Single

☒ Married

☐ Married, but withhold at higher rate

Total number of W-4 allowances you are claiming:

Additional withholding amount, if any:

☒ Sworn/Certified

☐ Restricted Employee

☐ Restricted Identity

☐ Protected Identity

☒ Not Applicable

"Sworn/Certified" should be checked if you are a current or former sworn and/or certified law enforcement or correctional/probation officer.

"Restricted Employee" should be checked if you have current or former duties that involve any of the various investigative, judicial, enforcement or prosecutorial duties.

"Restricted Identity" should be checked if you are the spouse or child of a current or former sworn and/or certified law enforcement or correctional/probation officer.

"Protected Identity" should be checked if you have a non-expired court-issued restraint order or other legal document to have your home and work address information exempted from public record requests, due to special circumstances.

#### Part A. History/Contact Information:

Ethnicity: ☒ Not Hispanic or Latino

☐ Hispanic or Latino

Race: ☒ White

☐ American Indian or Alaska Native

☐ Black

☐ Native Hawaiian or Other Pacific Islander

☐ Asian

☐ Some Other Race or Two or More Races

County in which you reside:

Home Phone Number:

Cell Phone Number:

Highest Education Level Attained: ☐ High School Diploma or GED

☒ College Degree

(If yes, provide official transcripts)

Professional License: ☒ No ☐ Yes (If yes, provide copy)

Emergency Contact Information: (Please list one person we may contact)

Name:

Relationship:

Telephone Number:

#### Part B. EEO-Veteran Information:

Military Status:

☒ Not applicable

☐ Veteran/Retired Military

☐ Current Member of the National Guard

☐ Current Member of the Reserves



## FLORIDA DEPARTMENT OF CORRECTIONS

### NEW HIRE PROFILE FORM

#### Part C. Previous State Service

FRS Re-employed Employee: ☒ No ☐ Yes If yes, indicate date retired: \_\_\_\_\_

Please list all of your prior employment with the State of Florida by Agency Name.

☐ No Previous State Service

Name of Agency: RMC From: 10/23

Name, if different during employment: \_\_\_\_\_ To: 12/23

Name of Agency: \_\_\_\_\_ From: \_\_\_\_\_

Name, if different during employment: \_\_\_\_\_ To: \_\_\_\_\_

Name of Agency: \_\_\_\_\_ From: \_\_\_\_\_

Name, if different during employment: \_\_\_\_\_ To: \_\_\_\_\_

Name of Agency: \_\_\_\_\_ From: \_\_\_\_\_

Name, if different during employment: \_\_\_\_\_ To: \_\_\_\_\_

My signature below constitutes that the information provided above is a true and accurate account of my current information. I understand that it will be my responsibility to maintain and/or ensure accuracy of this information in the People First System.

Cody L. Leland  
Employee's Signature

12-2-24  
Date

For Local Human Resources Representative use only.

Institution/Office: \_\_\_\_\_

Position Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Confirm if FRS Re-employed Employee: ☐ No ☐ Yes

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date Submitted to Central Office: \_\_\_\_\_







## FLORIDA DEPARTMENT OF CORRECTIONS DIRECT DEPOSIT ACKNOWLEDGEMENT

Please print, add your signature, location and date to the appropriate section of this form. Return this form to the Department as directed.

### Career Service (CS), Select Exempt Service (SES), and Senior Management Service (SMS)

I understand that State law requires all CS, SES, and SMS employees that are hired on or after July 1, 1996, sign up for direct deposit as a condition of employment within 30 days of hire.

Cody Lord  
Print Name

Cody Lord  
Signature

Lawell CT  
Location

8/2/24  
Date

### Other Personnel Services (OPS)

As an OPS employee I understand that I am not required to have direct deposit under this law. Additionally, I understand that the Department encourages me to utilize this benefit.

Cody Lord  
Print Name

Cody Lord  
Signature

\_\_\_\_\_  
Location

\_\_\_\_\_  
Date

**FLORIDA DEPARTMENT OF CORRECTIONS**

**NEW EMPLOYEE INSURANCE/BENEFITS ACKNOWLEDGEMENT**

I understand I have 60 days from my employment date to enroll in these benefits. I also understand that in order to enroll into Pre-tax insurance, I must use the online People First Service System, or I can call the Service Center at 866-663-4735. I also understand that I must submit supporting documents for any eligible dependents by uploading documentation directly in the People First system by way of a ticket or via mail to: People First Service Center, P.O. Box 6830, Tallahassee, FL 32314.

**HEALTH** - PPO/ HMO plan options.

**LIFE** - Includes Agency Sponsored Group Term Life, Optional Life\*\*, Child Life\*\*, and Spouse Life\*\*.

**AGENCY SPONSORED GROUP DISABILITY** (SES/SMS employees only)

**SUPPLEMENTAL HEALTH:**

**VISION**

**DENTAL**

**FLEXIBLE BENEFITS** - Includes Dependent Care and Medical Reimbursement

**OTHER SUPPLEMENTAL PLANS:**

**CANCER** – Policies offered by AFLAC and Colonial

**ACCIDENT/DISABILITY** Policies offered by Colonial

**HOSPITALIZATION** – Policies offered by Cigna and New Era

**INTENSIVE CARE** – Policies offered by AFLAC

These benefits are only available to me during the first 60 days of employment or during an "OPEN ENROLLMENT" period. Normally open enrollment periods are on an annual basis. Changes in coverage can only be made during the open enrollment period or if I experience a "QUALIFYING EVENT" such as marriage, birth, etc. in which case I have 60 days from the date of the event to make the change.

By signing this form, I acknowledge I have received these forms and agree to the items stated.

Cody Lord  
SIGNATURE

8/2/24  
DATE

Lord, Cody  
LAST NAME, FIRST (please print)

 OF SSN

\*\* post-tax insurance

## Employee Acknowledgement

In order to provide the most timely and suitable quality medical care in the event of an injury on the job, we have instituted a Managed Care Program for Workers Compensation with AmeriSys.

The following procedures must be followed for all work-related injuries and illnesses. It is important to note that Florida Statute 440.134 (17) states "...Treatment received outside the Workers' Compensation Managed Care Arrangement is not compensable unless authorized by the carrier prior to the treatment date."

- Report promptly any work-related injury to the supervisor.
- Follow the Primary Care Physician or "PCP's" instructions for any medical specialist referral or treatment.
- Ensure all medical treatment is handled only through the PCP (Primary Care Physician).
- Direct all questions about the level of care to the PCP (Primary Care Physician), who is the focal point for all medical treatment.
- Follow established grievance procedures to resolve any dissatisfaction with medical treatment. I understand that a grievance form and a copy of the grievance procedures will be provided to me in the event that I am injured on the job.
- A directory of medical care providers and a manual explaining fully the managed care process is available at my request through my employer.

Please sign below to indicate that you have read and understand the procedures to follow in the event of an injury and your duties under our Managed Care Program.

Cody Lord  
Print Name

8/2/24  
Date

Cody Lord  
Employee Signature

\_\_\_\_\_  
Employer Representative





## WORKERS' COMPENSATION HEART/LUNG (PRESUMPTION) NOTIFICATION STATUTE OF LIMITATIONS

Name: Cody Lord  
Location: 101211 CI  
People First ID#: \_\_\_\_\_  
Date of Hire: 8/2/24

Certified Staff (Correctional, Correctional Probation Officer or Inspector)

If an employee suffers a disability from tuberculosis, hypertension, or heart disease, as specified in chapter 112.18, F.S., they may be entitled to workers' compensation benefits. Employees should report these conditions to their employer within 30 days or the employee may jeopardize their claim. For correctional and probation officers, a claim may also be barred, if not filed within 180 days after leaving employment.

Once injured at work or an employee becomes aware of a workers' compensation injury or illness, they have 30 days in which to report an injury or illness to their employer. Failure to report an injury within 30 days may jeopardize a claim pursuant to chapter 440, F.S.

Generally, an employee has two years from the date of injury or illness to file a claim for workers' compensation benefits. Failure to report an injury or illness within 30 days may be used as a defense against a claim regardless of the two-year statute of limitations for filing a claim. Eligibility for benefits may also be eliminated one year from the date an employee last received a wage replacement check or approved medical treatment.

I certify that I have read the above information regarding the Heart/Lung Presumption as it relates to Certified Staff and agree to notify my supervisor of any work-related injuries or illnesses pursuant to "Employees' Workers' Compensation Benefits" Procedure 208.006 and chapter 440, F.S.

Cody Lord  
Employee signature

8/2/24  
Date

**STATE OF FLORIDA  
DEPARTMENT OF CORRECTIONS  
ESSENTIAL STAFF FAMILY EMERGENCY PREPAREDNESS PLAN**

The next time that an emergency or potential emergency (e.g. hurricane) threatens the State of Florida, you will have two areas of responsibility. The first is to ensure that your family is safe and is able to effectively deal with the emergency. The next is your responsibility to the Department.

If your position is of such a critical nature that you are needed to prepare and implement the Department's emergency response, you will be required to report to work at your scheduled shift. You may be required to report to work on your days off or even come in and work other shifts and perform other duties as required.

If you have special circumstances that you believe may cause difficulty with your compliance with these requirements, you must notify the Department.

**ONCE YOU HAVE REVIEWED THE STATE OF FLORIDA – FAMILY PREPAREDNESS GUIDE AND EVALUATED YOUR FAMILY'S NEEDS, REVIEW AND CHECK ONE OF THE FOLLOWING STATEMENTS:**

**For Essential Staff:**

- ☒ I understand that I am required to report for duty in the event of an emergency or potential emergency, at which time I will be given my work schedule. I have analyzed my family situation and have prepared a plan of action to meet my family's needs in the event of my absence due to duty requirements. I may be required to remain on duty as the emergency progresses and throughout the aftermath as needed. Failure to report to duty as required may result in disciplinary action up to and including dismissal. I will provide my current home address and telephone number including my cell phone number, if applicable to the institutional department head. Any changes to this information will also be submitted in writing to the institutional department head within five (5) days of the change.
- ☐ I understand that I am required to report for duty in the event of a disaster. I have analyzed my family situation and have identified a need for special care that I have not been able to resolve should I be required to report for duty. I request an appointment to discuss this matter with my Director/Warden/Circuit Administrator (or designee).

**For Non-essential Staff:**

- ☐ I understand that even though I am not essential staff I have completed a personal preparedness plan.

**I understand that if my circumstances change, I shall to provide an updated *Essential Family Emergency Preparedness Plan Form* to my Director/Warden/Circuit Administrator/Deputy Circuit Administrator (or designee).**

Name(print):

Title:

Correctional Officer

Signature

Date



# CORRECTIONS FOUNDATION

## SUPPORTING THOSE PROTECTING PUBLIC SAFETY

www.correctionsfoundation.org | info@correctionsfoundation.org | 850-717-3712

### \$10.2 MILLION GIVEN BACK TO OVER 10,850 FDC OFFICERS AND STAFF SINCE 1999

The Corrections Foundation is the non-profit direct support organization exclusively for employees and officers of the Florida Department of Corrections.

Should times of crisis or tragedy strike - fire, critical illness, accidents, natural disasters or other emergency circumstances, the Corrections Foundation stands by ready to provide immediate, meaningful relief - up to \$1,500.

Your contribution is tax deductible to the extent allowed by law for federal income tax purposes.

Your contribution also stays in Florida, is invested in Florida, and only goes back to help your co-workers in Florida.

## BECAUSE WE NEVER WALK ALONE

State of Florida Department of Corrections  
PAYROLL DEDUCTION AUTHORIZATION  
(Miscellaneous Deduction Code 413)

☐ **LEADERSHIP**—\$25.00 per pay period — receive a black FDC jacket, a black FDC polo shirt, FDC padfolio, and membership pin. Jacket size: ☐ 3XL ☐ 2XL ☐ XL ☐ L ☐ M ☐ S Shirt size: ☐ 3XL ☐ 2XL ☐ XL ☐ L ☐ M ☐ S

☐ **PROTECTOR**—\$15.00 per pay period — receive a black FDC polo shirt, FDC padfolio, and membership pin. Shirt size: ☐ 3XL ☐ 2XL ☐ XL ☐ L ☐ M ☐ S

☐ **SUPPORTER**—\$ \_\_\_\_\_ per pay period (suggested contribution is \$3; minimum is \$2) — receive a membership pin.

ENTER THE INFORMATION BELOW—YOUR INFORMATION IS PROTECTED AND WILL NOT BE SHARED

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Work Location: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ PeopleFirst ID: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

I hereby authorize the Department of Corrections to deduct the amount shown above each pay period from my salary warrant. I further understand that I may cancel my payroll deduction at any time by notifying, in writing, my Servicing Personnel Office. By signing below I acknowledge that I have read the Corrections Foundation membership brochure or fact sheet and understand that my membership helps support the Employee Assistance Program through which Florida DC employees help each other through medical crisis, critical emergencies and other crisis as outlined on our website Employee Assistance Criteria. Membership must be in existence for a minimum six pay period before premiums (shirts, jackets, padfolios) are sent to members. In addition, an individual must still be an employee at the time premium items are sent. Premium items can only be sent to the office/facility at which the employee works. I also understand that in the event my employment terminated, I waive any rights to refund of donations. By providing your email address, you agree to receive emails from the Corrections Foundation regarding news, updates, and products. Membership in the Corrections Foundation is not intended to create a right to receive assistance from the Employee Assistance Program. The decision to provide assistance is a matter of discretion retained by the Corrections Foundation. This decision is based upon the program criteria, Corrections Foundation interpretation of the critical nature of a request, and the availability of funds.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

**EMAIL COMPLETED FORM TO: [INFO@CORRECTIONSFOUNDATION.ORG](mailto:info@correctionsfoundation.org)**

Corrections Foundation, 501 South Calhoun Street, Tallahassee, Florida 32399-2500

or fax to (850) 410-4411. If you have any questions, please call (850) 717-3712. DO NOT SEND TO FDC HUMAN RESOURCES.

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE.

## New Employee Orientation Feedback

*We're always looking to improve what we do. Please take a minute to tell us what you liked about this morning's orientation so that we know to keep doing it, and what you didn't like, so that we might do it differently next time. Thank you for your input.*

Today's Date: 8/2/24

Location: Lowell

1. Overall, would you consider this morning as time well spent? Yes
2. About how long did you need to drive to get here? 30-45
3. What city / town did you drive from this morning? Gainesville
4. On a scale of 1 (very hard) to 5 (very easy), how easy was it to find? 5
5. What was the most useful part of the orientation for you? Policies & procedures  
Why? Very Important
6. What was the least useful part of the orientation for you? N/A  
Why? I needed all information
7. What 1 or 2 things should be kept as they are? All things
8. What 1 or 2 things should we change? None

How should we do them differently? N/A

9. Other comments, suggestions? thank you

*Thank you and have a great career.*

**"We never walk alone."**





Florida Department of Corrections  
Correctional Officer History and Willingness Questionnaire

Last Name: Lord First: Cody Middle: Daniel Suffix: N/A

Failure to fill this form out completely and accurately may result in the elimination of your application from further consideration.

1. Are you related to anyone presently employed with the Florida Department of Corrections? <i>If yes, give name, relationship, and place of their employment</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Do you have a business or personal relationship with anyone presently incarcerated or under the supervision of the Florida Department of Corrections system? <i>If yes, give name, relationship, and place of incarceration or supervision.</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Alachua Michael Owens, brother</i>
3. Have you ever held a position (including internship, volunteer, contract, or OPS positions) with the Florida Department of Corrections? <i>If yes, give location(s), position(s), and date(s).</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>CL</i> <i>RMC Training 10/22-12/22</i>
4. Have you ever worked for an entity (i.e. private contractor) that held any contractual relationship or financial interest with the Florida Department of Corrections? <i>If yes, provide the name of the contractor, location, and dates of employment.</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Have you ever applied for or been employed by any law enforcement agency as a Correctional Officer, Probation Officer, or Law Enforcement officer? <i>If yes, give name of agency, position(s), and dates of employment.</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>RMC, training 12/22-12/22</i>
6. Have you ever taken a Florida Department of Law Enforcement (FDLE) officer certification exam? <i>Select all that apply.</i> <i>CL</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>CL</i>
<i>CL</i> <input type="checkbox"/> Correctional Officer <input type="checkbox"/> Probation Officer <input checked="" type="checkbox"/> Law Enforcement Officer	
7. Indicate below if you have ever been a certified law enforcement officer. <i>Select all that apply.</i> <input type="checkbox"/> Correctional Officer <input type="checkbox"/> Probation Officer <input type="checkbox"/> Law Enforcement Officer <i>If yes, in which state were you certified?</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. Has your FDLE certification ever been suspended, revoked, terminated, or expired? <i>If yes, explain.</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9. Have you ever had any type of disciplinary action taken against you while employed as a Correctional Officer, Probation Officer, or Law Enforcement Officer? <i>If yes, explain.</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10. Have you ever used or experimented with any illegal substances or drugs? <i>If yes, list type of illegal substance or drugs and date last used.</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Marijuana (2010)</i>
11. Have you ever sold, delivered, manufactured, smuggled, or trafficked in illegal substances or drug paraphernalia? <i>If yes, list type of illegal substance, drug or drug paraphernalia involved, and related dates.</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
12. Have you ever been civilly or administratively adjudicated guilty to have engaged in any sexual abuse or sexual harassment? <i>If yes, explain.</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
13. Have you ever had your privileges to carry a firearm revoked? <i>If yes, explain.</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
14. Do you now or have you ever had any affiliation with a known "gang" or threat group? <i>If yes, describe the circumstances in detail.</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
15. Do you have any "gang" or threat group related tattoos or tattoos that may appear to be "gang" or threat group related? <i>If yes, explain.</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



**Florida Department of Corrections  
Correctional Officer History and Willingness Questionnaire**

Last Name: Lora First: Cody Middle: Daniel Suffix: \_\_\_\_\_

Please carefully read and review the following willingness questions. These questions pertain to the minimum requirements or essential functions of the Correctional Probation Officer job class. An unwillingness to perform any of the following may cause your application to be removed from further consideration. You must explain unwillingness to comply with any of these functions on Pages 1 and 2.

Are You Willing To:		Are You Willing To:	
Work rotating shifts?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Work any assigned shift (8, 8.5, 10, or 12-hrs)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Work weekends and/or holidays?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Work overtime?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Work an extended shift?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Work on your days off when necessary?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Report to duty during a natural disaster such as a hurricane, flood, or other emergency?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Return to the institution at any hour during an emergency situation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Be fingerprinted and for the fingerprints to be entered into a statewide automated identification system maintained by the Florida Department of Law Enforcement?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Read and become familiar with institutional operating procedures and Department of Corrections directives, procedures, rules, and post orders?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Notify your supervisor and Warden of any employment outside of the FDC?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Be exposed to chemical agents such as pepper spray and tear gas?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Participate in physical and firearms training?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Carry a firearm?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Participate in defensive tactics training?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Take a TB test annually?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Maintain qualification in CPR and First Aid?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Administer CPR and First Aid?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Maintain all training requirements?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Participate in additional training?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Work on an outside post during extreme weather conditions, day or night?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Work on whatever post assigned whether inside or outside?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Supervise male or female inmates?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Transport inmates statewide?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Be locked in a housing unit with male or female inmates?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Walk through a large group of male or female inmates alone to count them?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Shoot an inmate attempting to escape, thus endangering the lives of others?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Supervise a group of male or female inmates on work detail?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Perform drug testing on inmates?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Assist fellow officer in case of an emergency?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Conduct a body search on a male or female inmate?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Tolerate a certain amount of verbal abuse from inmates?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Work with violent inmates, homosexual inmates, sex offenders, drug offenders, or inmates with AIDS?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Take short trips (100-200 miles) involving overnight travel or a few days at a time and, if appropriate, travel on a commercial airline?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Stand on your feet for long periods of time?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Sit alone for long periods of time and remain alert?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Follow lawful orders of supervisors?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Show respect to authority and rank?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Obtain and maintain a valid driver license, if you do not already have one?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Write an incident report in clear, concise language with correct grammar and spelling?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Maintain qualification in firearms (shotgun and handgun)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Enforce and comply with all rules and regulations governing inmates?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Have your payroll warrant direct deposited in accordance with Florida Statutes and comptroller regulations?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Keep information confidential and understand failure to do so will subject you to discipline, up to and including termination?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Work in a non-smoking area?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Comply with all FDC rules and procedures?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Comply with the Agency's uniform and grooming rules and policy?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		





Florida Department of Corrections  
Correctional Officer History and Willingness Questionnaire

Last Name: Lore First: Cody Middle: Daniel Suffix: \_\_\_\_\_

Section 943.17, Florida Statutes, directs the Criminal Justice Standards and Training Commission to give a test to basic recruit training graduates and candidates seeking an exemption from a Commission-approved Basic Recruit Program. The certification test provides the Commission with assurance that each person employed or appointed as a sworn officer in this State has the minimum knowledge required to perform competently. The Officer Certification test will be given at the end of a Commission-approved Basic Recruit Training Program or an approved Certification Examination Preparation Training Course. The test will be based upon an approved training exemption for out-of-state candidates.

ARE YOU WILLING TO:

Enroll in Criminal Justice Standards and Training Commission approved Basic Recruit Training Program within 180 days of initial employment and successfully complete the training within 18 months after enrollment if you are not currently a Certified Correctional Officer? (If applicable, training requires overnight travel for an extended period of time.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pay the Florida Department of Law Enforcement Test fee (if you are not currently a Certified Correctional Officer) and take the first available test upon completion of required training?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pay an additional Florida Department of Law Enforcement test fee if you fail the first test and again take the test on the first available date? (Failure to do so will result in termination of your employment with the Department.) Additionally, if you fail the Florida Department of Law Enforcement test three times, you will be terminated from employment with the Department?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

HAVE YOU EVER:

Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Been civilly or administratively adjudicated to have engaged in the sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Acknowledgement of Basic Abilities Testing (BAT) Requirements**

I hereby acknowledge the following:

- I understand that I am responsible for all costs associated with taking the BAT.
- I understand that I have three attempts to pass the BAT.
- I understand that I must provide proof that I have scheduled the BAT exam in order to be processed for hire.
- I understand that I am required to pass the BAT before I may be enrolled in Basic Recruit Training, which will be scheduled immediately after hire.
- I understand that failure to pass the BAT within three attempts will result in my separation of employment with the Florida Department of Corrections.
- I understand that the BAT test is available through Pearson VUE testing labs and must be taken in the State of Florida.

By submission of this electronic form, I hereby certify there are no misrepresentations, omissions, or falsification in the foregoing responses. I am aware that should an investigation disclose any misrepresentations, omissions, or falsifications, my application may be rejected, and I may be disqualified for employment with the Florida Department of Corrections or, if after my acceptance for employment, subsequent investigation should disclose misrepresentations, omissions, or falsifications, it may be just cause for my immediate dismissal.

Cody Lore  
Signature

7/16/24  
Date Signed



FLORIDA  
DEPARTMENT of  
CORRECTIONS

Governor

RON DESANTIS

Secretary

RICKY D. DIXON

501 South Calhoun Street, Tallahassee, FL 32399-2500

www.dc.state.fl.us

This letter is to confirm a career service appointment to the class of Correctional Officer ☒ for the following candidate:

Full Name: Cody Lord

Hire Location: Lowell CI

11120 NW Gainesville Road, Ocala, FL 344

Effective date: 8-2-2024 Appointment Rate: \$ 1,760.00

CAD Amount: \$ N/A Eligible Counties: Broward, Dade, Martin, Okeechobee, St. Lucie, Palm Beach, Monroe, Indian River

Hiring Bonus: ☐ \$1,000 High Vacancy ☐ N/A

Circuit 16 only: ☐ \$192.31 (Retention Pay Adjustment)

**Remaining Requirements:**

Your continued employment in the class is contingent upon completing the remaining requirements and providing the required documentation listed below within 30 days of hire. Items received before hire are marked below.

- ☐ Passing Drug Test
- ☐ Passing Physical Exam
- ☐ Name Change Documents (adoption, marriage license, divorce decree, etc.)
- ☐ Military records
- ☐ CJBAT passing score (Correctional Officer candidates only)
- ☐ Court Documents (related to criminal Charges)
- ☐ Other \_\_\_\_\_

In keeping with 110.201 F.S., each of the above will be verified as true and correct by the Office of Human Resources. Should you fail any of the above employment requirements or through the additional documents provided you are determined ineligible for the position, you may be subject to disciplinary action up to and including termination.

[Signature]  
Hiring Authority Signature

7-30-24  
Date

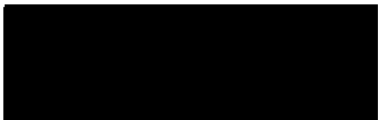
[Signature]  
Applicant Signature

7/16/24  
Date

★INSPIRING SUCCESS BY TRANSFORMING ONE LIFE AT A TIME ★



Lord, Cody (External Candidate)



Application

Status:	Review
Country:	United States
Attachments to be included in all Job Submissions:	0 documents attached
Attachments Added After Submission	0 documents attached
Vacancy Source:	Other Job Sites (e.g., Indeed, Ladders)
Relatives: To your knowledge, do you have any relatives working in this agency?	No
Right To First Interview	Not Applicable If you responded yes to the above statement, attach a copy of your official layoff letter when applying for this vacancy.
Veteran Status	None of the Above
ARE YOU CURRENTLY EMPLOYED WITH THE AGENCY TO WHICH YOU ARE CURRENTLY APPLYING?	No
HAVE YOU RECEIVED A PROMOTIONAL APPOINTMENT WITHIN THE CAREER SERVICE, SUBSEQUENT TO ACTIVE MILITARY SERVICE, WITH THE AGENCY TO WHICH YOU ARE APPLYING?	No
People First Initial VP Review	No Selection
People First Eligible VP Category (if different)	No Selection
Agency Final VP Eligibility Review	No Selection
Agency Final VP Category Determination	No Selection

Background Information

A "yes" answer to these questions will not automatically bar you from employment. The nature, job-relatedness, severity, and date of the offense in

Comments

There are no items in this section.

Correspondence

Sender: People First  
Thank You for Your Interest in Job Correctional Of...  
Date: 07/13/2024  
Type: Email

Onboarding

Request Submitted By  
Request Submitted On  
Submission Status Not Initiated

Offer Letter

There are no items in this section.

Application Status Audit Trail

Date: 07/13/2024  
User: People First  
Status: New  
Date: 07/15/2024  
User: SARAH MARIE BAUMGARDNER  
Comments: Email Merge  
Status: Review

relation to the position you are applying are considered. [see 112.011, F.S.].

Have you ever been convicted of a felony or a first degree misdemeanor ?

No

If yes, what were the charges ?

Where ? (City/State)

Date

Have you ever pled nolo contendere or guilty to a crime which is a felony or a first degree misdemeanor ?

No

If yes, what were the charges ?

Where ? (City/State)

Date

Have you ever had the adjudication of guilt withheld for a crime which is a felony or first degree misdemeanor ?

No

If yes, what were the charges ?

Where ? (City/State)

Date

**Signature**

✓ Tags

There are no items in this section.

✓ More Information

Alternate Phone Number:

\* Mailing Address :

\* City

\* State:

\* ZIP Code:

\* Country

United States

\* Exemption from public record: Are you a current or former law enforcement officer, other covered employee\*\* or the spouse or child of one, whose information is exempt from public records disclosure under Section 119.071(4)(d), Florida Statutes (F.S)?

No

\* Citizenship: The State of Florida hires only U.S. citizens and lawfully authorized alien workers. You will be required to provide identification and either proof of citizenship or proof of authorization to work in the U.S. Are you a U.S. citizen or legally authorized to accept employment with the specific hiring authority to which you are applying?

Yes

\* Selective Service: Section 110.1128, Florida Statutes, prohibits employment by the state (including re-hire after a break in service) of any male born on or after October 1, 1962, who failed to register with the Selective Service System, under the provisions of the U.S. Military Selective Service Act, during the person's period of eligibility (ages 18 through 25). Additionally, if currently employed by the state, this law prohibits the promotion of such person. You may

Yes

I am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify me for employment and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, human resources staff, and other authorized employees of Florida state government for employment purposes. The consent shall continue to be effective during my employment if I am hired. I understand that applications submitted for state employment are public records. I certify to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.  
**If applicable, Complete Qualifying Questions prior to submitting your application.**

be required to provide documentation. If you are a male born on or after October 1, 1962, have you registered with the Selective Service or do you have proof of an exemption from this requirement?

By checking this box, I certify that I have read and agree with these statements

Yes

Interview Result

overdueInterviews

#### ▼ Screening Details

Are you a citizen of the United States?	Yes
Do you possess a valid driver's license?	Yes
Are you a high school graduate or its equivalent?	Yes
Have you ever been convicted of or had adjudication withheld for a felony offense?	No
Have you ever been convicted of any felony or of a misdemeanor involving perjury or false statement?	No
Have you ever received a dishonorable discharge from any of the Armed Forces of the United States?	No
Have you ever been adjudicated guilty for a felony and/or misdemeanor crime involving Domestic Violence?	No
Do you have a final injunction for protection currently in force for Domestic Violence?	No

#### ▼ Periods of Employment

\* Name of Employer      Optimal logistics

\* Your Job Title                      Amazon driver

\* Currently Employed                No

\* Start Date                          12/02/2023

\* End Date                            06/25/2024

\* Hours Per Week                    30

Employer's Address

Supervisor's Name

Supervisor's Phone  
Number

\* Duties and  
Responsibilities                      Delivering packages

\* Reason For Leaving                Obscene behavior by management

Your name, if different  
during employment

\* Name of Employer                Rmc

\* Your Job Title                      Correctional officer

\* Currently Employed                No

\* Start Date                          10/15/2022

\* End Date                            12/03/2022

\* Hours Per Week                    40

Employer's Address

Supervisor's Name

Supervisor's Phone  
Number

\* Duties and  
Responsibilities                      Shadowing certified officers

\* Reason For Leaving                Did not pass the F.B.A.T

Your name, if different  
during employment

\* Name of Employer                Monterey boats

\* Your Job Title                      warehouse employee

\* Currently Employed                No



\* Start Date 05/01/2022

\* End Date 08/15/2022

\* Hours Per Week 55

Employer's Address

Supervisor's Name

Supervisor's Phone  
Number

\* Duties and  
Responsibilities small parts

\* Reason For Leaving acid burns

Your name, if different  
during employment

\* Name of Employer uber

\* Your Job Title driver

\* Currently Employed Yes

\* Start Date 02/04/2022

\* End Date MM/DD/YYYY

\* Hours Per Week 70

Employer's Address

Supervisor's Name

Supervisor's Phone  
Number

\* Duties and  
Responsibilities driver

\* Reason For Leaving NA

Your name, if different  
during employment

\* Name of Employer Ayr

\* Your Job Title warehouse employee

\* Currently Employed No

\* Start Date 08/30/2021

\* End Date 02/03/2022

\* Hours Per Week 40

Employer's Address

Supervisor's Name

Supervisor's Phone  
Number

\* Duties and  
Responsibilities CNC Machine

\* Reason For Leaving Car accident

Your name, if different  
during employment

\* Name of Employer Anderson Outdoor Adventures

\* Your Job Title Associate

\* Currently Employed No

\* Start Date 07/01/2020

\* End Date 09/30/2020

\* Hours Per Week 20

Employer's Address Manatee Springs State Park

Supervisor's Name

Supervisor's Phone  
Number

\* Duties and  
Responsibilities Load and unload kayaks, as well as work cashier for  
the concession area.

\* Reason For Leaving laid off

Your name, if different  
during employment

\* Name of Employer Taco Bell

\* Your Job Title Team member

\* Currently Employed No

\* Start Date 06/01/2020

\* End Date 07/01/2020

\* Hours Per Week 40

Employer's Address

Supervisor's Name

Supervisor's Phone  
Number

\* Duties and  
Responsibilities

Worked the back of the house, cashier, and line  
cook.

\* Reason For Leaving

changed jobs

Your name, if different  
during employment

\* Name of Employer

Tractor Supply

\* Your Job Title

Team Member

\* Currently Employed

No

\* Start Date

01/01/2020

\* End Date

04/30/2020

\* Hours Per Week

30

Employer's Address

Supervisor's Name

Supervisor's Phone  
Number

\* Duties and  
Responsibilities

Duties involved moving freight throughout the store  
and customer service.

\* Reason For Leaving

laid off

Your name, if different  
during employment

\* Name of Employer

Circle K

\* Your Job Title

Cashier

\* Currently Employed

No

\* Start Date

06/01/2019

\* End Date

04/30/2020

\* Hours Per Week

40

Employer's Address

Supervisor's Name

Supervisor's Phone  
Number

\* Duties and  
Responsibilities

Handled multiple customers while maintaining a  
functioning store.

\* Reason For Leaving

changed jobs

Your name, if different  
during employment

\* Name of Employer

Dollar General

\* Your Job Title

Warehouse Loader

\* Currently Employed

No

\* Start Date

09/01/2018

\* End Date

03/31/2019

\* Hours Per Week

50

Employer's Address

Supervisor's Name

Supervisor's Phone  
Number

\* Duties and  
Responsibilities

Loader

\* Reason For Leaving

required 20 hours overtime

Your name, if different  
during employment

\* Name of Employer

T.J. Maxx

\* Your Job Title

Sales Associate

\* Currently Employed

No

\* Start Date

06/01/2015

\* End Date

08/31/2018

\* Hours Per Week

35

Employer's Address

Supervisor's Name

Supervisor's Phone  
Number



\* Duties and Responsibilities      Processed freight and assisted customers on the sales floor as well as on the register.

\* Reason For Leaving      needed better pay

Your name, if different during employment

\* Name of Employer      Cici's Pizza Buffet

\* Your Job Title      Team Member

\* Currently Employed      No

\* Start Date      02/01/2013

\* End Date      03/31/2015

\* Hours Per Week      20

Employer's Address

Supervisor's Name

Supervisor's Phone Number

\* Duties and Responsibilities      Prepared food and served customers while maintaining a sanitary environment.

\* Reason For Leaving      hour shortage

Your name, if different during employment

\* Name of Employer      A-OK Autoworks

\* Your Job Title      Detailer

\* Currently Employed      No

\* Start Date      03/01/2012

\* End Date      10/31/2012

\* Hours Per Week      30

Employer's Address

Supervisor's Name

Supervisor's Phone Number

\* Duties and Responsibilities      Detailer: Performed custom auto restoration, both interior and exterior. (this location has closed)

\* Reason For Leaving      laid-off

Your name, if different  
during employment

\* Name of Employer Hungry Howie's Pizza

\* Your Job Title Team Member

\* Currently Employed No

\* Start Date 02/01/2011

\* End Date 02/29/2012

\* Hours Per Week 35

Employer's Address

Supervisor's Name

Supervisor's Phone  
Number

\* Duties and Responsibilities Team Member: Aided customers as a cashier, and  
independently opened and closed the restaurant.

\* Reason For Leaving closed

Your name, if different  
during employment

\* Name of Employer Skate Station Funworks

\* Your Job Title Team Associate: Go-Kart maintenance and general  
associate

\* Currently Employed No

\* Start Date 02/01/2007

\* End Date 10/31/2010

\* Hours Per Week 40

Employer's Address

Supervisor's Name

Supervisor's Phone  
Number

\* Duties and Responsibilities UNSPECIFIED

\* Reason For Leaving changed jobs

Your name, if different  
during employment

▼ **Formal Education**

* Name of School	Santa Fe College
* Location	Gainesville. FL
* Start Date	08/17/2010
End Date	06/30/2017
Course of Study	Criminal Justice Technology
* Degree Earned (transcripts may be required)	Associates
Credit Hours – Quarter	
Credit Hours – Semester	

▼ **Language Skills**

There are no items in this section.

▼ **License, Registration or Certification**

There are no items in this section.

▼ **Job-Related Training or Course Work**

There are no items in this section.

▼ **Knowledge, Skills and Abilities**

Knowledge, Skills and Abilities	Passed the C.J.B.A.T. already
------------------------------------	-------------------------------

## Department of Corrections

### VERIFICATION OF EDUCATION/LICENSURE/CERTIFICATION

If a class requires a certificate, license, college degree, or high school diploma, it must be verified by supporting documentation or by contacting the academic institution or board prior to an offer of employment. If the applicant has the required experience or a combination of education and experience in lieu of the education requirements, **verify the applicant's highest level of education.**

Place a check mark beside the type of diploma, degree, college hours or licensure obtained and provide the rest of the information requested within the section.

Applicant's Name: Cody Lord

Official Class Title: \_\_\_\_\_

Position #: \_\_\_\_\_ Closing Date: \_\_\_\_\_

☒ High School Diploma Date Earned: 06/10/2010  
☐ Vocational/Technical Training  
Program Name: Newberry High School  
Program Name: \_\_\_\_\_  
# of classroom hours completed \_\_\_\_\_  
Certificate Earned: Yes ☒ No ☐

☐ College Degree Major: \_\_\_\_\_  
Degree Type: \_\_\_\_\_ Date Earned: \_\_\_\_\_  
Is College Accredited? Yes ☐ No ☐

☐ College Hours Earned (Transcript) Major: \_\_\_\_\_  
# of semester hours \_\_\_\_\_  
# of quarter hours \_\_\_\_\_

☒ Appropriate License or Certificate  
Explain: Florida Accredited Public School - Newberry High School

☐ List required coursework: \_\_\_\_\_

Verification completed by: ☐ Phone ☒ Degree/Transcript/Licensure/Certification attached

Educational Institution Contact Person: \_\_\_\_\_

Name of Person Providing Information: \_\_\_\_\_

Signature: June Salvadore Date Completed: 08/08/2024



SELECTIVE SERVICE NUMBER SOCIAL SECURITY NUMBER SEX DATE OF BIRTH LAST ACTION DATE

90-1114515-9

ON FILE

M

11-03-2008

NAME AND CURRENT MAILING ADDRESS

90-1114515-9

CODY DANIEL LORD

(DO NOT WRITE IN THE ABOVE SPACE.)



First explore your interest, then decide which career path is right for you. Visit [todaysmilitary.com/ssb2](http://todaysmilitary.com/ssb2) or fill out and return the enclosed reply card for more information.

**Change of Information Form**

If any information shown is incorrect, make corrections, sign and return this top portion to:  
Selective Service System, P.O. Box 94636, Palatine, Illinois 60094-4636

TODAY'S DATE

SIGNATURE OF REGISTRANT

SSS Digital Acknowledgment SSS Form 3B (Feb-21)



**Dear Registrant:**

Please keep this letter or wallet sized acknowledgment card as legal proof of your registration. Please review this letter carefully, and use the top portion of this letter to update and/or correct your information. Line through any mistakes and write in the correct information.

**IF YOU MADE CHANGES:** Cut off the top portion of this letter, and mail it to Selective Service System, P.O. Box 94636, Palatine, Illinois 60094-4636. If your information is correct, do not return this form. However, if any of your information changes, you are required to notify the Selective Service System within 10 days. If changing only your address, you may make the changes at <https://www.sss.gov/verify/update-info>.

**For Non-Immigrants:** If you are on a valid visa and believe that you were registered in error, send this entire form and proof of your immigration status to: Selective Service System, P.O. Box 94638, Palatine, Illinois 60094-4638. A complete list of acceptable documentation may be found at <https://www.sss.gov/wp-content/uploads/2020/02/DocumentationList.pdf>

Thank you for your cooperation, and please call us at 1-847-688-6888 if you have any additional questions/concerns.



**THIS IS NOT AN OFFICIAL FORM OF IDENTIFICATION**

We estimate the public reporting burden for this collection will vary from 1 - 2 minutes per response, including time for reviewing instructions, searching existing data sources, gathering data, and completing and reviewing the information. Send comments regarding the burden statement or any other aspects of the collection of information, including suggestions for reducing the burden to: Selective Service System, SSS Forms Officer (3240-0003), Arlington, VA 22209-2425. The OMB control number 3240-0003, is currently valid. Persons are not required to respond to this collection unless it displays a valid OMB control number.

**Registration Acknowledgment**

SELECTIVE SERVICE NUMBER

90-1114515-9

DATE OF BIRTH

NAME AND CURRENT MAILING ADDRESS

CODY DANIEL LORD

SIGNATURE OF REGISTRANT

**SSS Form 3A (Feb-21)**

SOCIAL SECURITY NUMBER

ON FILE

LAST ACTION DATE

11-03-2008

The Selective Service System thanks you for registering. This form is your official Registration Acknowledgment. Cut it out and safeguard it as your proof of having registered.

**THIS IS NOT AN OFFICIAL FORM OF IDENTIFICATION**

ACTING DIRECTOR

*Joel C. Spangenberg*

Joel C. Spangenberg

Here's your official

Registration Acknowledgment

Cut it out and safeguard it as your proof of having registered.

## Florida Department of Law Enforcement

### Global Profile Sheet

Name:	Cody Lord				
Race:	WH	Sex:	M	Education:	High School

### Employment

Agency	Class	Type	Start Date	Sep. Date	Sep. Reason	TEA	FP Date
--------	-------	------	------------	-----------	-------------	-----	---------

No Employment Records found for this person

### Salary Incentive

Basic LE	Education	Career Dev.	Maximum Eligible
\$0	\$0	\$0	\$0

### Mandatory Firearms Qualification

Law Enforcement Officer Firearms Qualification Standard
---

No Firearms found for this person

### Certification

Type	Number	Status	Cert. Date	Mand. Ret. Due Date	Mand. Ret. Completion Date	4 Year Break in Service
------	--------	--------	------------	---------------------	----------------------------	-------------------------

No Certificate Records found for this person

### Topic

Topic	Topic Date	Recert Date	Status	Met Req
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There is no topic information available for this person

### Exam

Type	Date	Form	Overall	Amended
------	------	------	---------	---------

No Exam Record found for this person

Type	Date	Form	Vendor	Overall	Expiration
BATCORR	04/14/2011	2141	Miami-Dade College	Pass	04/14/2015
BATLE	11/03/2015	07LE4	Industrial/organizational Solutions	Pass	11/03/2019

Type	Date	Form	Vendor	Overall	Expiration
BATCORR	02/18/2017	107	Morris & McDaniel, Inc.	Pass	02/18/2021
BATCORR	12/08/2022	Form1	Industrial/organizational Solutions	Fail	
BATCORR	12/17/2022	Form2	Industrial/organizational Solutions	Fail	
BATCORR	12/19/2022	Form3	Industrial/organizational Solutions	Fail	
BATCORR	07/13/2024	Form1	Industrial/organizational Solutions	Pass	07/13/2028

### Equivalency

Agency	Discipline	Application Date	Decision Date	Approval Authority	Advised Date	Status	Exp Date
--------	------------	------------------	---------------	--------------------	--------------	--------	----------

No Equivalency Records found for this person

### Training

Start Date	End Date	Sequence	Version	Type	MR/SI	Title	Grade	Hours Taught
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No Training Records found for this person

### WMD/ICS Training for Certified Law Enforcement Officers

Training Name	Completion Date
Weapons of Mass Destruction(WMD)	Not Completed
Incident Command System (ICS)	Not Completed

The reason I left the Department of Corrections is because I did not pass the C.J.B.A.T. portion. I have wanted to be a Correctional Officer for a long time. I would like to be at the Lowell institution because, I am a great mentor and would be a wonderful officer. I would love to make a career here at Lowell Correctional Institution.

Sincerely,  
Cody Lord



Florida Department of Corrections

EMPLOYMENT VERIFICATION

**INSTRUCTIONS:** The supervisor or her/his designee is responsible for completing the verification and her/his signature is required upon completion.

Employment verification processed by: ☐ Telephone ☐ Mail ☐ E-mail ☐ In Person

Applicant's Name: Cody Lord

Position Applied: Correctional Officer Position #: 832414 Date: 7-16-24

Organization Contacted: RMC

Person Contacted: NA Telephone: 386-496-4050

1. Dates of Employment: From: 10/22 To: 12/22
2. Title of Position Held: NA Hours Worked Per Week: NA
3. Why did this person leave? NA
4. Is this person eligible for rehire? NA
5. What were the basic job duties and responsibilities? NA
6. How would you evaluate her/his job performance while employed? NA
7. How would you describe this individual's relationship with other employees and supervisory staff? NA
8. Did s/he demonstrate a pattern of tardiness or absenteeism? If yes, when did this occur? NA
9. Was s/he ever counseled or disciplined? If yes, what was the reason and when did this occur? NA
10. Was s/he ever the subject of any internal affairs or administrative investigations? If yes, please provide a copy of the investigation and disciplinary action taken. NA

Employment Verification Continued

Applicant's Name: Cody Lord Employer's Name: RMC

11. Did s/he have any substantiated allegation of sexual abuse? If yes, please provide a copy of the investigation and disciplinary action taken. N/A

12. Did s/he resign during any pending investigation of alleged sexual abuse? N/A

13. What other job related information can you tell me to help make a decision? N/A  
individual stated that it should be in the rehires  
System

For Current Employees

14. Are there any open investigations? (Contact the Office of the Inspector General.) N/A

15. Is there any pending discipline? (Contact the Office of Human Resource, Employee Relations.)  
N/A

16. Last three performance evaluations. If an evaluation was not completed, please indicate a rating of "3". NA

☒ Employer contacted but would not provide requested information. (Indicate reason)  
needs to be completed through the rehires form.

☐ Employer contacted but only provided the limited information shown. (Indicate reason)

☐ Unable to make contact with employer or obtain information. (Indicate reason)

A. Santiago  
Person Completing Form

CO  
Job Title

7-10-24  
Date

Florida Department of Corrections

EMPLOYMENT VERIFICATION

**INSTRUCTIONS:** The supervisor or her/his designee is responsible for completing the verification and her/his signature is required upon completion.

Employment verification processed by: ☒ Telephone ☐ Mail ☐ E-mail ☐ In Person

Applicant's Name: Cody Lord  
Position Applied: Correctional Officer Position #: 832414 Date: 7-16-24  
Organization Contacted: Monterey boats  
Person Contacted: HR Telephone: 352-528-2628  
1. Dates of Employment: From: 05/22 To: 08/22  
2. Title of Position Held: Press Molder Hours Worked Per Week: N/A  
3. Why did this person leave? NA  
4. Is this person eligible for rehire? NA  
5. What were the basic job duties and responsibilities? NA  
6. How would you evaluate her/his job performance while employed? NA  
7. How would you describe this individual's relationship with other employees and supervisory staff? NA  
8. Did s/he demonstrate a pattern of tardiness or absenteeism? If yes, when did this occur? NA  
9. Was s/he ever counseled or disciplined? If yes, what was the reason and when did this occur? NA  
10. Was s/he ever the subject of any internal affairs or administrative investigations? If yes, please provide a copy of the investigation and disciplinary action taken. NA

Employment Verification Continued

Applicant's Name: Cody Lord Employer's Name: Monterey boats

11. Did s/he have any substantiated allegation of sexual abuse? If yes, please provide a copy of the investigation and disciplinary action taken. NA

12. Did s/he resign during any pending investigation of alleged sexual abuse? NA

13. What other job related information can you tell me to help make a decision? only able to get start and end date and job title

For Current Employees

14. Are there any open investigations? (Contact the Office of the Inspector General.) NA

15. Is there any pending discipline? (Contact the Office of Human Resource, Employee Relations.) NA

16. Last three performance evaluations. If an evaluation was not completed, please indicate a rating of "3". NA

☐ Employer contacted but would not provide requested information. (Indicate reason)

☒ Employer contacted but only provided the limited information shown. (Indicate reason)

only able to give start date and end date

☐ Unable to make contact with employer or obtain information. (Indicate reason)

A. Santiago  
Person Completing Form

CO  
Job Title

7-16-24  
Date



Florida Department of Corrections

EMPLOYMENT VERIFICATION

**INSTRUCTIONS:** The supervisor or her/his designee is responsible for completing the verification and her/his signature is required upon completion.

Employment verification processed by: ☐ Telephone ☐ Mail ☐ E-mail ☐ In Person

Applicant's Name: Cody Lord

Position Applied: Correctional Officer Position #: 832414 Date: 7-16-24

Organization Contacted: Uber

Person Contacted: NA

Telephone: NA

1. Dates of Employment: From: 2/22 To: present

2. Title of Position Held: NA Hours Worked Per Week: NA

3. Why did this person leave? NA

4. Is this person eligible for rehire? NA

5. What were the basic job duties and responsibilities? NA

6. How would you evaluate her/his job performance while employed? NA

7. How would you describe this individual's relationship with other employees and supervisory staff? NA

8. Did s/he demonstrate a pattern of tardiness or absenteeism? If yes, when did this occur? NA

9. Was s/he ever counseled or disciplined? If yes, what was the reason and when did this occur? NA

10. Was s/he ever the subject of any internal affairs or administrative investigations? If yes, please provide a copy of the investigation and disciplinary action taken. NA

Employment Verification Continued

Applicant's Name: Cody Lord Employer's Name: Vbcr

11. Did s/he have any substantiated allegation of sexual abuse? If yes, please provide a copy of the investigation and disciplinary action taken. NA

12. Did s/he resign during any pending investigation of alleged sexual abuse? NA

13. What other job related information can you tell me to help make a decision? NA

For Current Employees

14. Are there any open investigations? (Contact the Office of the Inspector General.) NA

15. Is there any pending discipline? (Contact the Office of Human Resource, Employee Relations.) NA

16. Last three performance evaluations. If an evaluation was not completed, please indicate a rating of "3". NA

☐ Employer contacted but would not provide requested information. (Indicate reason)

☐ Employer contacted but only provided the limited information shown. (Indicate reason)

☒ Unable to make contact with employer or obtain information. (Indicate reason)

Self employed. uber Drivers are 1099 workers.

A. Santiago  
Person Completing Form

CO  
Job Title

7-16-24  
Date

Florida Department of Corrections

EMPLOYMENT VERIFICATION

**INSTRUCTIONS:** The supervisor or her/his designee is responsible for completing the verification and her/his signature is required upon completion.

Employment verification processed by: ☒ Telephone ☐ Mail ☐ E-mail ☐ In Person

Applicant's Name: Cody Lord

Position Applied: Correctional Officer Position #: 832414 Date: 7-16-24

Organization Contacted: optinal logistics

Person Contacted: n/a Telephone: 727-735-3438

1. Dates of Employment: From: 12/23 To: 06/24
2. Title of Position Held: NA Hours Worked Per Week: N/A
3. Why did this person leave? NA
4. Is this person eligible for rehire? NA
5. What were the basic job duties and responsibilities? NA

6. How would you evaluate her/his job performance while employed? NA

7. How would you describe this individual's relationship with other employees and supervisory staff? NA

8. Did s/he demonstrate a pattern of tardiness or absenteeism? If yes, when did this occur? NA

9. Was s/he ever counseled or disciplined? If yes, what was the reason and when did this occur? NA

10. Was s/he ever the subject of any internal affairs or administrative investigations? If yes, please provide a copy of the investigation and disciplinary action taken. NA

Employment Verification Continued

Applicant's Name: Cody Iard Employer's Name: Optimal Logistics

11. Did s/he have any substantiated allegation of sexual abuse? If yes, please provide a copy of the investigation and disciplinary action taken. NA

12. Did s/he resign during any pending investigation of alleged sexual abuse? NA

13. What other job related information can you tell me to help make a decision? NA

For Current Employees

14. Are there any open investigations? (Contact the Office of the Inspector General.) NA

15. Is there any pending discipline? (Contact the Office of Human Resource, Employee Relations.) NA

16. Last three performance evaluations. If an evaluation was not completed, please indicate a rating of "3". NA

☐ Employer contacted but would not provide requested information. (Indicate reason)

☐ Employer contacted but only provided the limited information shown. (Indicate reason)

☐ Unable to make contact with employer or obtain information. (Indicate reason)

1st Attempt 7/15/24 2nd Attempt 7/14/24

A. Santiago  
Person Completing Form

CO  
Job Title

7-16-24  
Date



Florida Department of Corrections

**Receipt for Essential Functions and Position Description**

- 1.) I hereby acknowledge that I have been furnished a copy of the position description and the essential functions for my position of Correctional Officer.
- 2.) I understand that I am responsible for reading and complying with the information provided.
- 3.) I understand that it is my responsibility to obtain clarification from my supervisor regarding any part of the information provided which is not clear.

Cody Lord  
Name Printed  
[Redacted]  
Social Security Number

Cody Lord  
Signature  
7/16/24  
Date

DC2-860 (Revised 6/4/13)

In accordance with s. 119.071(5) (a) 2., F.S., your social security number is being collected for verification purposes. This collection is imperative for the performance of this agency's duties and responsibilities as prescribed by law. Inclusion of the social security number will save staff time and result in the request being processed with prompt efficiency. The Department will not use the social security number collected for any purpose other than the purpose provided above.



Florida Department of  
Law Enforcement

**AUTHORITY FOR RELEASE  
OF INFORMATION  
(Background Investigation Waiver)**

Incorporated by Reference in Rule 11B-27.0022(2)(a), F.A.C.



**CJSTC  
58**

To: Concerned Person or Authorized  
Representative of Any Organization,  
Institution or Repository of Records

APPLICANT'S NAME: Cody Lord

DATE OF BIRTH: [REDACTED]

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: [REDACTED]

AGENCY REQUESTING BACKGROUND INFORMATION: Florida Department of Corrections Lowell CI

ADDRESS: 11120 NW Gainesville Road, Ocala, FL 34482

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:

Section 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.

Cody Lord  
Applicant's Signature

7/16/24

**OATH**

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

STATE OF Florida

COUNTY OF Marion

Sworn to (or affirmed) and subscribed before me by means of Physical Presence ☒ OR Online Notarization ☐ this 16<sup>th</sup>  
day of July, year 2024, By Cody Lord

J. Chapman  
Signature of Notary Public - State of Florida

Sgt. J. Chapman

Print, Type, or Stamp Commissioned name of Notary Public

**PER F.S.  
117.05**

Personally Known ☐ OR Produced Identification ☒

Type of Identification Produced Driver License

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

Original - Employing Agency

1 of 1

Commission-Approved Revisions: 8/13/2020  
Form Effective Date: 5/2021

Oath amended pursuant to Section 117.05(13)(a), F.S., effective 1/1/2020





Florida Department of  
Law Enforcement

## 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

Last Four Digits of Applicant's Social Security Number: [REDACTED]

Applicant's Legal Name:

Lord  
Last

Cody  
First

M  
MI

Employing agency: Florida Department of Corrections Lowell CI

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 18 years of age for correctional officer or 19 years of age for all others.
- 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" "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 or expunged.

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. Cody Lord  
Applicant's Signature

13. 7/16/24  
Date Signed

### 14. OATH

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

STATE OF Florida

COUNTY OF Marion

Sworn to (or affirmed) and subscribed before me by means of Physical Presence ☒ OR Online Notarization ☐ this 16<sup>th</sup>

day of July, year 2024, By Cody Lord

J. Chapman  
Signature of Notary Public - State of Florida

Sgt. J. Chapman

Print, Type, or Stamp Commissioned name of Notary Public

Personally Known ☐ OR Produced Identification ☒

Type of Identification Produced Driver License

PER F.S.  
117.10

\*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

Created 1/1/1992 Original - Agency Copy - FDLE  
Oath amended pursuant to Section 117.05(13)(a), F.S., effective 1/1/2020

1 of 1

Commission-Approved Revisions: 8/13/2020  
Form Effective Date: 5/2021

**DOMESTIC VIOLENCE AFFIDAVIT**

Pursuant to the Omnibus Consolidated Appropriations Act of 1997, which amends the Gun Control Act of 1968, any person convicted of a misdemeanor crime of domestic violence as defined by the Act is prohibited from shipping, transporting, possessing or receiving firearms or ammunition. There is no "official use" exemption to this prohibition. Accordingly, the Florida Department of Corrections is requiring that every applicant applying for a certified position, required or granted the authority to bear arms, submit the following Affidavit. In addition, the Department will complete an FCIC check on each applicant seeking a certified position.

**NOTE:** A conviction shall not apply for purposes of this law UNLESS:

- (A) The person was represented by counsel in the case or knowingly and intelligently waived the right to counsel in the case; and
- (B) If the person was entitled to a trial by jury under the laws of the convicting jurisdiction, then the conviction must have resulted from:
  - (1) A trial by jury; or
  - (2) The person knowingly and intelligently waived the right to have the case tried by a jury, by guilty plea or otherwise.

\*\*\*\*\*

I, Cody Lord, do solemnly swear and affirm that the following information is true and correct to the best of my knowledge. (For statements (1) and (2) below, in the space provided, please state true or false, followed by your initials.):

(1) True CL That I have never been convicted of a misdemeanor crime of domestic violence, including convictions where adjudication has been withheld, but not including those convictions that have been expunged or otherwise set aside or pardoned. A conviction of a misdemeanor crime of domestic violence is a conviction that:

- (a) is a misdemeanor under Federal or State law; and
- (b) has, as an element, the use or attempted use of physical force, or the threatened use of a deadly weapon, committed by a current or former spouse, parent, or guardian of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse, parent, or guardian, or by a person similarly situated to a spouse, parent, or guardian of the victim.



Requisition # 832414

(2) False CL That I have been convicted of a misdemeanor crime of domestic violence, as defined in (1) above, as follows (please provide the following information for each conviction):

Court/Jurisdiction: _____	Court/Jurisdiction: _____
Docket/Case Number: _____	Docket/Case Number: _____
Statute/Charge: _____	Statute/Charge: _____
Date sentenced: _____	Date sentenced: _____

(3) That I understand that violating this law will subject me to a fine of up to \$250,000, imprisonment for not more than ten years, or both.

I am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date.

Cody Lord  
Signature of Employee

State of Florida     )  
County of Marion    )

Sworn to or affirmed and subscribed before me this 16 day of July, 2024  
by Cody Lord  
Cody Lord

PER F.S.  
117.10

J. Chapman  
Signature of Notary Public  
Sgt. J. Chapman  
Printed Name of Notary

Personally Known \_\_\_\_\_ OR Produced Identification ☒  
Type of Identification Driver License 71



Florida Department of  
Law Enforcement

# OFFICER CERTIFICATION APPLICATION

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



**CJSTC**  
**59**

Please type or print in black or blue ink and use capital and small letters to write names.

1. Social Security Number: [REDACTED]

3. Applicant's Name: [REDACTED]

Last

First

MI

\*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.

5. Agency ORI Number: FL 037045C

7. Agency name: Florida Department of Corrections

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

- ☐ Minimum age of 18 for correctional officer or 19 for all others
- ☐ U.S. Citizenship
- ☐ High School Graduate or Equivalent
- ☐ Background Investigation form CJSTC-77
- ☐ Proof of military discharge, if applicable
- ☐ Fingerprint Response or Fingerprint Notification form CJSTC-62
- ☐ Registration of Employment Affidavit of Compliance form CJSTC-60

2. Employment date: \_\_\_\_\_

4. Certification type:

- ☐ Law Enforcement
- ☐ Law Enforcement Auxiliary
- ☒ Correctional
- ☐ Correctional Auxiliary
- ☐ Correctional Probation

6. Date of birth: [REDACTED]

8. Applicant's signature: [REDACTED]

Date

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. Agency Administrator or Designee's Signature \_\_\_\_\_

11. \_\_\_\_\_  
Date

OATH

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

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of Physical Presence ☐ OR Online Notarization ☐ this \_\_\_\_\_

day of \_\_\_\_\_, year \_\_\_\_\_, By \_\_\_\_\_

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 \_\_\_\_\_

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

CJSTC USE ONLY

FDLE Field Specialist's Name \_\_\_\_\_

Review Date \_\_\_\_\_





Florida Retirement System

## FRS Employment Certification Form

This form is not an offer of employment and completion of this form does not constitute enrollment in a retirement program under the Florida Retirement System (FRS). If you are hired, information about your retirement plan options may be mailed to your address on file.

1

### Enter Your Info

PLEASE PRINT

(NAME) Cody Lord

SOCIAL SECURITY NUMBER [REDACTED]

Florida Department of Corrections  
CURRENT AGENCY NAME

PREVIOUS AGENCY NAME

2

### Confirm Prior Membership

Have you ever been a member of a State of Florida-administered retirement plan?

☐

No, I have never been a member of a State of Florida-administered retirement plan.

If No, skip to section 4.

☒

Yes, I have been a member of a State of Florida-administered retirement plan.

If Yes, indicate which plan(s) you are or were a member of, then proceed to section 3.

☒ FRS Pension Plan (including DROP)

☐ FRS Investment Plan

☐ Senior Management Service Optional Annuity Program (SMSOAP)

☐ State Community College System Optional Retirement Program (SCCSORP)

☐ State University System Optional Retirement Program (SUSORP)

☐ Other \_\_\_\_\_

If you answered YES above but have never made a retirement plan election (including default) between the FRS Pension Plan and the FRS Investment Plan, you will have a choice period established for you with a designated deadline. See page 2 for additional information on making a choice.

3

### Confirm Retiree Status

Are you retired from a State of Florida-administered plan? You are considered retired if:

- You have received any benefits (other than a withdrawal of your employee contributions) under the FRS Pension Plan, including DROP.
- You have taken any distribution (including a rollover) from the FRS Investment Plan, or other state-administered retirement programs offered by state universities (SUSORP), state community colleges (SCCSORP), state government for senior managers (SMSOAP), or local governments for senior managers.

cr

☒

No, I am not retired from a State of Florida-administered plan. I understand that if it is later determined I am retired, both my employer and I might be liable for repaying retirement benefits I have received if I am reemployed by or provide services to an FRS-covered employer through any paid or unpaid arrangement as described below. Refer to Page 2 for additional information.

☐

Yes, I am retired from a State of Florida-administered plan, and I understand I must satisfy any termination requirement prior to returning to FRS employment.

If Yes, enter your FRS Pension Plan retirement effective date, DROP termination date, or date you received your first distribution from the FRS Investment Plan, SUSORP, SCCSORP, SMSOAP, or other plan.

4

### Sign Here

By signing below, I acknowledge that I have read and understand the information on pages 1 and 2 of this form, and I certify all supplied information to be true and correct.

Cody Lord  
SIGNATURE

7/16/24  
DATE

Questions? Call the MyFRS Financial Guidance Line at 1-866-446-9377, Option 2 (TRS 711) or visit MyFRS.com.

This completed form, including page 2, should be retained in the employee's personnel file. Do not send this form to the FRS, unless requested.

# Global Member Search

Below you can search for an individual member or upload a file to search multiple members. This will provide members' retirement status and last reported plan participated in the FRS.

## Member Details

SSN	Employee Name	Last Reported Plan Code*	Last Check Date	Retirement Date	Receiving Pension Benefit	Mandatory Renewed DC	HIS Benefit*
	LORD, CODY	HB	01/01/2023		N	N	N

\* The plan code shown is not necessarily an indication of what your agency should submit on the retirement report. Your agency should report based on the member's plan class and employment status. Refer to Chapter 1 of the FRS Pension Plan Employer Handbook for more information.

\* Investment Plan members receiving a Health Insurance Subsidy (HIS) benefit are governed by the same reemployment provisions as Pension Plan retirees. Members may not engage in an employment relationship with or provide services to an FRS employer during the first 6 calendar months after they take a distribution.

Back to SSN Search

Give Feedback



# Retirement Distributions

Below you can retrieve distribution information for members who have retired from the FRS Pension Plan, FRS Investment Plan, Senior Management Service Opt (SMSOAP), the State University System Optional Retirement Program (SUSORP) and State Community College System Optional Retirement Program (SCCSORP).

The SSN you entered was not found.

## Choose how you want to retrieve information.

- New Distributions
- Distributions by Date
- Retirement by SSN

### Retirement by SSN

Retrieve the retirement information by Social Security Number.

SSN (999999999)

[Redacted SSN]

Next

If you need additional information concerning the reemployment of a former FRS Pension Plan member, please review the Florida Retirement System Employer I Section VIII.

If you need additional information concerning the reemployment of a former FRS Investment Plan member, please carefully review 121.091(9), F.S., the [Investme Description](#), pages 52 through 54, as well as the [termination and reemployment document](#) for distributions from a defined contribution plan. If you have addition the reemployment of an Investment Plan member, please call E&Y toll-free on the Employer Assistance Line (1-866-377-2121, Option 3).

Give Feedback

EMPLOYEE TRANSACTION CONDENSED REPORT

RUN DATE : 08/08/2024

PAGE : 1



APPT ID	LAST NAME	FIRST NAME	MI	AGENCY NAME	PAY PLAN	APPT FTE	POS NUM	CLASS TITLE	TRANSACTION DESCRIPTION	REASON CODE DESCRIPTION	PAY PERIOD RATE OF PAY	ANNUAL SALARY	EFFECTIVE DATE
	LORD	CODY	D	DEPARTMENT OF CORRECTIONS	01	1.00		CORRECTIONAL OFFICER	ORIG APPT - CS & CS COMPARABLE		\$1,760.00	\$45,760.00	08/02/2024
	LORD	CODY	D	DEPARTMENT OF CORRECTIONS	01	1.00		CORRECTIONAL OFFICER	VOLUNTARY SEPARATION	OTHER	\$1,600.00	\$41,600.00	12/20/2022
	LORD	CODY	D	DEPARTMENT OF CORRECTIONS	01	1.00		CORRECTIONAL OFFICER	ORIG APPT - CS & CS COMPARABLE		\$1,600.00	\$41,600.00	11/18/2022
GRAND TOTAL:	3												

EMPLOYEE TRANSACTION CONDENSED REPORT

RUN DATE : 08/08/2024  
PAGE : 2



SELECTION CRITERIA:

AGENCY CODE:  
ORG CODE:  
EMPLOYEE TYPE: SALARIED, OPS  
APPT ID:  
LOGIN ID:  
SSN:  
BEGIN DATE: 01/01/1984  
END DATE: 08/08/2024  
TRANSACTION CODE:



## Acknowledgment of Inmate Relationship

I have been made aware of the expectations related to working for the Florida Department of Corrections while a relative and/or having a personal relationship with an individual in the custody of or under the supervision of the Department. I understand that I am to maintain a professional relationship with any individual in the custody of or under the supervision of the Department. This includes not discussing any information gleaned through performing my daily duties with the Florida Department of Corrections. I understand that participating in an unprofessional relationship may lead to disciplinary action, up to, and including termination.

Indicated below are all individuals in the custody of or under the supervision of the Florida Department of Corrections that I have a personal relationship with or to whom I am related.

DC Number	Name	Relationship (i.e., sibling, spouse, parent, cousin, friend, etc.)	Facility

Cody Lord

Employee Name (Printed)

Cody Lord

Employee Signature

7/16/24

Date

Sgt. J. Chapman

Witness Name (Printed)

J. Chapman

Witness Signature

7/16/24

Date





**FLORIDA DEPARTMENT OF CORRECTIONS**  
**TATTOO AND BODY MODIFICATION POLICY AGREEMENT**

Pursuant to "Correctional Officer Uniform Requirements," Procedure 602.043, a Correctional Officer applicant is required to sign a "Tattoo and Body Modification Policy Agreement," DC2-8078, which acknowledges her/his understanding of the procedure. Correctional Officers and Correctional Officers in Temporary Employment Authorization (TEA) status are permitted to have tattoos provided they conform to the following guidelines:

- (1) Tattoos shall not be visible on or about the face of a staff member while wearing any uniform of the Florida Department of Corrections (FDC). A staff member who currently has tattoos on the face shall completely conceal the marking by applying cosmetic cover-up makeup to completely conceal the tattoo(s). The cosmetic cover-up makeup shall blend in with the employee's skin color and shall be purchased at the staff member's expense.
- (2) A staff member who has visible tattoos that contain extremist, sexist, racist, nudity, gang-related, or vulgar material, which are visible while wearing a short-sleeve shirt, shall completely conceal the objectional marking by utilizing one or more of the below:
  - (a) wear the Class-A uniform;
  - (b) utilize a black tattoo cover-up sleeve, without any visible design or logo, that completely covers the tattoo(s). The sleeve(s) shall be provided by the staff member;
  - (c) wear a dry-fit long sleeve shirt, which shall be purchased at the staff member's expense; and/or
  - (d) apply cosmetic cover-up makeup to completely conceal the tattoo(s) while the member is in any authorized uniform or attire. The cosmetic cover-up makeup shall blend in with the employee's skin color and shall be purchased at the member's expense.
- (3) A staff member with tattoos on the neck, head, hands, or fingers who is required to wear a Class A uniform while acting in an official capacity as outlined in (2)(a) of Procedure 602.043. The staff member will utilize cosmetic cover-up makeup that blends with the natural color of the skin to completely cover any visible tattoos. The cosmetic cover-up shall be purchased at the staff member's expense. **Note: This section does not apply to members who have permanent wedding band tattoo, and/or female employees having permanent eyeliner, eyebrows or lipstick, as long as the permanent color is conservative and compliments the complexion and uniform.**
  - (a) Effective July 1, 2022, any staff member who obtains any tattoo(s) on the face, or extremist, sexist, racist, nudity, gang-related, or vulgar material on any areas of her/his person that is visible while the staff member is in any uniform of the FDC shall be deemed as in violation of this policy and subject to discipline, up to and including dismissal.
  - (b) Correctional Officer applicants with any tattoo visible while in any FDC uniform that contains extremist, sexist, racist, nudity, or gang-related material on any areas of her/his person shall be disqualified.
  - (c) Correctional Officer applicants with any tattoo on the face, shall be disqualified.
  - (d) While attending the FDC - Basic Recruit Training Academy, recruits with tattoos that contain extremist, sexist, racist, nudity, gang-related, or vulgar material that are visible in the Recruit Class-B uniform shall be required to comply with section (1)(bb)(2) of Procedure 602.043, as indicated in section (2) of this form.
  - (e) Upon graduation, those same recruits shall adhere to the guidelines outlined in Procedure 602.043 regarding concealment of their tattoos.

*Nothing within Procedure 602.043 shall be construed as prohibiting body modifications necessitated by any approved medical procedure.*



FLORIDA DEPARTMENT OF CORRECTIONS  
TATTOO AND BODY MODIFICATION POLICY AGREEMENT

I fully understand the consequences of this agreement and have had the opportunity to ask questions about it.  
This form will become part of my personnel file.

Cody Lord

Applicant Name (Print)

Cody Lord

Applicant Signature

AFFIDAVIT

STATE OF FLORIDA  
COUNTY OF Marion

Before me personally appeared the said Cody Lord, who says that the execution of the above instrument is by free will and accord, with full knowledge of the purpose therefore.

Sworn to (or affirmed) and subscribed before me this 16 day of July, 2024, by

Cody Lord

(Notary Seal)

Cody Lord

J. Chapman

(Signature of Notary Public - State of Florida)

PER F.S.  
117.10

Sgt. J. Chapman

(Name of Notary Printed, or Stamped)

Personally Known ☐ OR Produced Identification ☒

Type of Identification Produced: Driver License

FL

FLORIDA DEPARTMENT OF CORRECTIONS

NON-COMPETE AGREEMENT WITH THE  
FLORIDA DEPARTMENT OF CORRECTIONS

Full Name:

Cody Lord

Address:

Social Sec

Date of Agreement:

7-16-24

The Florida Department of Corrections (FDC) and the recruit identified above ("Recruit") enter this Non-Compete Agreement ("the Agreement"), pursuant to the provisions of sections 542.335 and 943.16, Florida Statutes, whereby FDC agrees to pay for the Recruit's salary, costs, and expenses related to basic recruit training, certification, and uniforms required to become a Correctional Officer (CO) or a Correctional Probation Officer (CPO). In consideration for receiving these benefits and upon being offered employment by FDC, the recruit hereby understands and expressly agrees to the following terms and conditions:

1. This Agreement is effective on the day after successfully completing the Basic Recruitment Training Program (BRTP) and for a two year obligation period.
2. The obligation period begins on the day after successfully completing the Basic Recruit Training Program (BRTP) and ends two years from that date.
3. This Agreement does not constitute an employment contract between the recruit and FDC; FDC reserves the right, as the employer, to hire, reassign, discipline, or to terminate employment in accordance with applicable rules, statutes, and FDC policies.
4. This Agreement does not grant the Recruit any special rights or benefits from FDC nor does it require FDC to offer any position of employment as a CO or CPO.
5. The Recruit shall remain in employed with the FDC for a period of not less than 2 years from the Effective Date after the successful completion of the BRTP.
6. Cody Lord (Recruit Name) shall not, at any time during the period of two years from and after the successful completion of the employment obligation period, within the State of Florida, become employed or contracted, as an employee, or in any relation or capacity whatsoever, in work that requires a Correctional Officer or Correctional Probation Officer certification or in any law enforcement work similar to or in any way competitive with the work now conducted by the FDC within a 100-mile radius of her/his current duty station. This includes, but is not limited to, working for county jails and/or detention facilities operated by a private company.
7. If the Recruit fulfills the two-year obligation period, this non-compete agreement will be considered null and void.
8. A voluntary resignation or evidence of intentional termination of employment, prior to the expiration of the obligation period, including but not limited to failure to report to work, excessive absenteeism, or job abandonment necessitating dismissal, shall be prima facie

DC2-8079 (Issued 10/25/22)

1

In accordance with section 119.071(5)(a)2., F.S., your social security number is being collected for verification purposes.

This collection is imperative for the performance of this agency's duties and responsibilities as prescribed by law. Information submitted on the application must be verified prior to appointment. Inclusion of the social security number will save staff time and result in the position being filled with prompt efficiency.

The Department will not use the social security number collected for any purpose other than the purpose provided above.



- evidence that the recruit voluntarily terminated FDC employment. If the Recruit is dismissed or resigns for any reason prior to obligation period, this Agreement will apply.
9. The Recruit's successful completion of BRTP, status as a certified Correctional Officer or a certified Correctional Probation Officer, or prior employment with FDC, shall not alter this Agreement or affect any other terms or conditions of the Recruit's present employment with FDC.
  10. If the Recruit previously separated from FDC without fulfilling the obligation period and is rehired with certification in good standing, the obligation will continue until the remaining days of obligation are fulfilled.
  11. Non-solicitation. During the term of your employment, and for a period of one year immediately thereafter, Cody Lott (Recruit Name) agree not to solicit any employee of the FDC on behalf of any other law enforcement or correctional agency, nor shall Cody Lott (Recruit Name) induce any employee associated with the FDC to terminate or breach an employment, contractual or other relationship with the FDC.
  12. Injunctive Relief. You hereby acknowledge (1) that the FDC will suffer irreparable harm if Cody Lott (Recruit Name) breaches her/his obligations under this Agreement; and (2) that monetary damages will be inadequate to compensate the FDC for such a breach. Therefore, if Cody Lott (Recruit Name) breaches any of such provisions, then the FDC shall be entitled to injunctive relief, in addition to any other remedies at law or equity, to enforce such provisions.
  13. Severable Provisions. The provisions of this Agreement are severable, and if any one or more provisions may be determined to be illegal or otherwise unenforceable, in whole or in part, the remaining provisions and any partially unenforceable provisions to the extent enforceable shall nevertheless be binding and enforceable.
  14. Modifications. This Agreement may be modified only by a writing executed by both Cody Lott (Recruit Name) and the FDC.
  15. Prior Understandings. This Agreement contains the entire agreement between the parties with respect to the subject matter of this Agreement. The Agreement supersedes all prior understanding, agreements, or representations.
  16. Waiver. Any waiver of a default under this Agreement must be made in writing and shall not be a waiver of any other default concerning the same or any other provision of this Agreement. No delay or omission in the exercise of any right or remedy shall impair such right or remedy or be constructed as a waiver. A consent to or approval of any act shall not be deemed to waive or render unnecessary consent to or approval of any other or subsequent act.
  17. Jurisdiction and Venue. This Agreement is to be construed pursuant to the laws of the State of Florida. Cody Lott (Recruit Name) agrees to submit to the jurisdiction and venue of any court of competent jurisdiction in Leon County, Florida without regard to conflict of laws provisions, for any claim arising out of this Agreement.



IN WITNESS WHEREOF, I have signed this Agreement on the date located below my printed name and signature.

Cody Lord  
(Signature)

J. Chapman  
(Signature)

Cody Lord  
(Printed name)

Witnessed by:

Jessica Chapman  
(Printed name)

7/16/24  
(Date)

7.16.24  
(Date)

STATE OF FLORIDA  
COUNTY OF Marion

Sworn to (or affirmed) and subscribed before me this 16<sup>th</sup> day of July, 2024, by

Cody Lord  
(Notary Seal)

J. Chapman  
(Signature of Notary Public - State of Florida)

PER F.S.  
117.10

Sgt. J. Chapman  
(Name of Notary Printed, or Stamped)

Personally Known ☐ OR Produced Identification ☒

Type of Identification Produced: Driver License FL

**FLORIDA DEPARTMENT OF CORRECTIONS**  
**AGREEMENT TO REIMBURSE TRAINING COSTS BY**  
**FLORIDA DEPARTMENT OF CORRECTIONS RECRUITS**  
**CORRECTIONAL OFFICER**

Recruit Name: Cody Lord

Recruit Address:

Recruit Social Sec:

Date of Agreement: 7/16/24

The Florida Department of Corrections (FDC) and the recruit identified above enter into this Training Costs Reimbursement Agreement (Agreement) pursuant to the provisions of section 943.16, Florida Statutes, whereby FDC agrees to pay for the recruit's costs and expenses related to initial training and uniforms required to become a Correctional Officer (see "Itemized Cost of Training and Expenses for Correctional Officers," DC2-8057A). In consideration for receiving these benefits and upon being offered employment by FDC, the recruit hereby understands and expressly agrees to the following terms and conditions:

1. This Agreement does not constitute an employment contract between the recruit and FDC; FDC reserves the right, as the employer, to hire, reassign, discipline, or to terminate employment in accordance with applicable law and FDC policies.
2. This Agreement does not grant the recruit any special rights or benefits from FDC nor does it require FDC to offer any position of employment as a Correctional Officer.
3. The recruit shall serve as a Correctional Officer or in the corrections officer class and remain employed with the Department for an obligation period of not less than two years. The obligation period begins on the day after passing the Basic Recruit Training Program (B RTP) and ends two years from that date.
4. Should the recruit voluntarily terminate employment with FDC at any time prior to the expiration of the employment obligation period, the recruit shall reimburse FDC 100% of the B RTP tuition and other course expenses (see DC2-8057A). FDC will deduct as much of the reimbursement costs due to the Department as possible from any final leave payments due to the recruit upon separation. The recruit shall be personally responsible to reimburse any outstanding remaining balance.
5. A voluntary resignation or evidence of intentional termination of employment, prior to the expiration of the employment obligation period, including but not limited to failure to report to work, excessive absenteeism, or job abandonment necessitating dismissal, shall be prima facie evidence that the recruit voluntarily terminated FDC employment.
6. The recruit's successful completion of B RTP, status as a certified Law Enforcement Officer, or prior employment with FDC, shall not alter this Agreement or affect any other terms or conditions of the recruit's present employment with FDC.

DC2-8057 (Revised 11/29/22)

1

In accordance with section 119.071(5)(a)2., F.S., your social security number is being collected for verification purposes. This collection is imperative for the performance of this agency's duties and responsibilities as prescribed by law. Information submitted on the application must be verified prior to appointment. Inclusion of the social security number will save staff time and result in the position being filled with prompt efficiency.

The Department will not use the social security number collected for any purpose other than the purpose provided above.

7. Should the recruit fail to repay the entire reimbursement amount within 60 days from voluntarily terminating FDC employment, FDC may institute a civil action to collect any outstanding amount due. Venue for any civil action necessary to enforce this Agreement will be in Leon County, Florida.

8. This Agreement may be used as evidence of the recruit's obligation to reimburse FDC for all B RTP expenses.

9. The recruit shall pay all costs, expenses, and attorney's fees incurred by the State of Florida or FDC, as a result of having to enforce this Agreement.

IN WITNESS WHEREOF, I have signed this Agreement on the date located below my printed name and signature.

Cody Lord  
(Signature)

J. Chapman  
(Signature)

Cody Lord  
(Printed name)

Witnessed by:

Jessica Chapman  
(Printed name)

7/16/24  
(Date)

7-16-24  
(Date)

STATE OF FLORIDA  
COUNTY OF Marion

Sworn to (or affirmed) and subscribed before me this 16<sup>th</sup> day of July, 2024 by  
Cody Lord

(Notary Seal)

J. Chapman  
(Signature of Notary Public - State of Florida)

PER F.S.  
117.10

Sgt. J. Chapman  
(Name of Notary Printed, or Stamped)

Personally Known ☐ OR Produced Identification ☒

Type of Identification Produced: Driver License FL



**FLORIDA DEPARTMENT OF CORRECTIONS**  
**ITEMIZED COST OF TRAINING AND EXPENSES FOR**  
**CORRECTIONAL OFFICERS**

Listed below are the cost of tuition, travel, and field training costs if these costs apply. Only costs incurred by the Florida Department of Corrections will be required to be reimbursed pursuant to section 943.16, Florida Statutes. (The costs listed below are the maximum.)

Institutional Academy On-Boarding	\$ 2,334.00
Academy Tuition/Equipment/Materials	\$ 3,184.46
<b>TOTAL</b>	<b>\$ 5,518.46</b>

I have read and understand the above listed costs for my training and agree to the total listed.

IN WITNESS WHEREOF, I have signed this Agreement on the date printed below my signature.

Cody Lord  
(Signature)

J. Chapman  
(Signature)

Cody Lord  
(Printed name)

Witnessed by:

Sgt. J. Chapman  
(Printed name)

7/16/24  
(Date)

7-16-24  
(Date)





# FLORIDA DEPARTMENT OF CORRECTIONS

GOVERNOR  
RON DESANTIS

SECRETARY  
RICKY DIXON

## Final Action Letter for Disciplinary Action - Dismissal

Date: June 6, 2025  
Employee Name: CODY LORD  
Appt. ID: [REDACTED]  
Work Location: LOWELL CI  
Department: Security  
Workflow ID: Disc0035408

<input checked="" type="checkbox"/> Delivered by Hand	
Employee	<u>Unable to Person</u>
Date	<u>6/9/2025</u>
Witness	<u>[Signature]</u>
Witness	<u>[Signature]</u>

### Details

Notice of Intent Type: N/A  
Pre-Determination Hearing Date: N/A  
Final Disciplinary Action Type: Dismissal

**Effective Date:** Dismissal is effective at 11:59 p.m. on the date of hand delivery.

This action is a result of you knowingly committing an act which violated state statute rules or policy statement; misconduct; violation of law; and conduct unbecoming of a public employee.

**Synopsis of incident:** Specifically, on May 30, 2025, your conduct violated Florida Statutes 787.01, 794.011, and 827.03 when you committed the criminal offense of sexual battery of a minor, kidnapping, and child abuse. You were subsequently arrested and booked into the Alachua County Jail.

**Employee Appeal/Grievance Rights:** This action is being taken in accordance with Chapter 60L-33.002(5), Florida Administrative Code. As an employee in Probationary status, you have no appeal or grievance rights through the Public Employees Relations Commission or collective bargaining agreements. You are required to surrender all Department of Corrections property in your possession (identification card, badge, uniforms, etc.) to your supervisor.

**Employment History:** In arriving at this decision, I have also considered your employment record, counseling notices and previous discipline history. Prior discipline, counseling and evaluations are as follows:

Date of Prior Discipline/Counseling	Discipline/Counseling Type	Rule Violated
N/A	N/A	N/A

Prior Evaluation Date	Prior Evaluation Rating
N/A	N/A

Disciplinary Authority Signature: [Signature]

Disciplinary Authority Name: SHELLIE BAKER, Warden

Facility Contact Information: 11120 NW GAINESVILLE ROAD, OCALA, FL 34482

Lowell Correctional Institution  
11120 NW Gainesville Road  
Ocala, FL 34482  
FDC.MyFlorida.Com