

GAINESVILLE POLICE DEPARTMENT

PERSONNEL FILE REVIEW LOG

EMPLOYEE NAME: Erin Armstrong # 1153

DATE	NAME OF REVIEWER	SIGNATURE OF REVIEWER
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[illegible]

OFFICER CERTIFICATION/NEW HIRE CHECKLIST/Auxiliary Certification

Name: Luca, Erin

SSN: _____

☒ Application for Officer Certification (Form CJSTC 59)

**Only needed for previously uncertified

☒ New Hire Registration (Form CJSTC 60)

**Must be completed within 30 days of employment

☒ Officer ATMS Profile

Training Documentation for Auxiliary Officers

_____ CJSTC 4 – Firearms Proficiency

_____ CJSTC 6 – Defensive Tactics Proficiency

_____ CJSTC 7 – Driving Proficiency (If taken)

☒ Proof of Minimum Age of 19 (Birth Certificate)

☒ Proof of US Citizenship

☒ Birth Certificate or
_____ Naturalization Papers or
_____ US Passport

☒ High School Diploma, GED or proof of minimum 30 semester hours
or 45 quarter hours of college – Education must be verified by background Investigator

☒ Fingerprints/FBI Civil Applicant Response with any supplied criminal history record from FDLE
and/or FBI **Must obtain response within one year from date of employment

☒ Background Investigation (Form CJSTC 77 and applicable documents – investigators summary)
**Must be signed by background investigator and agency administrator

☒ Physician's Assessment (Form CJSTC 75 & 75A)

**Can not be over one year prior to employment

**Must be signed by Medical Doctor, Physician's Assistant or Advance Registered Nurse Practitioner

☒ Drug Screen Results (Minimum 7-Panel Test)
**Report must be signed by MRO

☒ Affidavit of Applicant (Form CJSTC 68)

☒ Completion of Basic Training
**May use Officer Profile as proof of compliance

☒ Acceptable Score on State Exam
**May use Officer Profile as proof of compliance

n/a TEA Statement (Form CJSTC 65)
**If used by Agency

n/a Equivalency approval (Form CJSTC 76 & 76A or ATMS profile)
**If EOT process was utilized by Officer

n/a Military History
_____ DD214 (Cannot be dishonorable)
_____ Military Waiver Affidavit (can use CJSTC68 form)

☒ Name Change Documentation
(Documentation of each name change must be in file - birth to hire date)

Comments: _____

Signature: _____ Date: _____



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:

2. Employment date: 9/15/2020

3. Applicant's Name: Luca
Last

4. Certification type:

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

Erin First L Last
MI 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: FL10100

6. Date of birth:

7. Agency name: Gainesville Police Department

8. Erin Luca Applicant's signature 9/15/20 Date

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

- | | |
|--|---|
| <input checked="" type="checkbox"/> Minimum age of 19 | <input checked="" type="checkbox"/> Physician's Assessment form CJSTC-75 |
| <input checked="" type="checkbox"/> U.S. Citizenship | <input checked="" type="checkbox"/> Drug Screening Results |
| <input checked="" type="checkbox"/> High School Graduate or Equivalent | <input checked="" type="checkbox"/> Affidavit of Applicant Form CJSTC-68 |
| <input checked="" type="checkbox"/> Background Investigation form CJSTC-77 | <input checked="" type="checkbox"/> Completion of Basic Recruit Training |
| <input type="checkbox"/> Proof of military discharge, if applicable | <input checked="" type="checkbox"/> Acceptable Score on Officer Certification Examination |
| <input checked="" type="checkbox"/> Fingerprint Response or Fingerprint Notification form CJSTC-62 | <input checked="" type="checkbox"/> Documentation supporting legal name change, if applicable |
| <input checked="" type="checkbox"/> Registration of Employment Affidavit of Compliance form CJSTC-60 | |

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. [Signature]
Agency Administrator or Designee's Signature

11. 9/15/2020
Date

OATH

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

STATE OF Florida COUNTY OF Alachua

Sworn to (or affirmed) and subscribed before me this 15

day of Sept, year 2020, By John Klement

Pamela J. Owen
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.

<p><u>[Signature]</u> FDLE Field Specialist's Name</p>	<p><u>9/24/2020</u> Review Date</p>
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**REGISTRATION OF EMPLOYMENT
AFFIDAVIT OF COMPLIANCE**

FDLE
Florida Department of Law
Enforcement



CJSTC 60

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

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

1. Social Security Number : [REDACTED]

2. Officer's Name : **Luca, Erin L**

3. Date of birth : [REDACTED]

4. Ethnic group or race : **White**

5. Gender/Sex : **Female**

6. Education : **High School**

Note: To receive educational salary incentive, complete the Higher Education Report Form CJSTC-63.

7. Agency ORI : **FL0010100**

8. Agency Name : **Gainesville Police Department**

9. Employment Date : **10/14/2019**

10. Is this officer employed under a Temporary Employment Authorization? If yes, complete the Temporary Authorization form CJSTC-65.

☐ Yes ☒ No

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

17. 
Agency Administrator or Designee's Signature

19. **John Klement - Sergeant**
Agency Administrator or Designee's Printed Name and Title

11. Employment Type & Class : **Full-Time Civilian**

12. If officer completed auxiliary training, does agency have proof of required high liability training on file?

☐ Yes ☐ No Date :

13. Is this officer requesting an equivalency-of-training? If yes, maintain on file the following forms: Equivalency-of-Training form CJSTC-76 for out-of-state or Federal Officers and the Equivalency-of-Training Proficiency Demonstration form CJSTC-76A.

☐ Yes ☒ No

14. Does the agency have the results of this officer's processed fingerprints on file? If yes, please indicate the date you received the fingerprint results from the Florida Department of Law Enforcement or the FBI.

☒ Yes ☐ No Date : **05/28/2020**

15. Does the agency have on file the seven-panel controlled substance screening results as required in Rule 11B-27.00225?

☒ Yes ☐ No

16. Has the agency completed a background investigation and have on file all documents required in Chapter 27, F.A.C.?

☒ Yes ☐ No

18. **05-28-2020**
Date

20. OATH

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

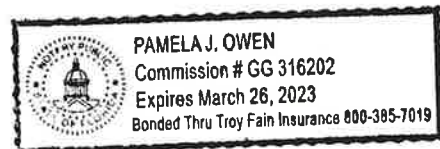
STATE OF FLORIDA, COUNTY OF **Alachua**

Sworn to (or affirmed) and subscribed before me by means of ☒ Physical Presence ☐ OR ☐ Online Notarization ☐ this **28**
day of **May**, year **2020**, By **John Klement**


Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned name of Notary Public

Personally Known ☒ OR Produced Identification ☐ Type of Identification Produced _____



An officer shall not be employed in a sworn status until all requirements of Section 943.13, F.S. have been met.



Florida Department of
Law Enforcement

REGISTRATION FOR EMPLOYMENT AFFIDAVIT OF COMPLIANCE

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



**CJSTC
60**

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

1. Social Security Number:
2. Officer's Name: Luca
Erin Last L First MI
3. Date of birth:
4. Ethnic group or race:
☐ Hispanic ☒ White ☐ Asian ☐ Other ☐ Black
☐ American Indian/Native Alaskan
5. Sex: ☐ Male ☒ Female
6. Education (Check highest diploma or degree):
☒ EQ/AA/AS ☐ BA/BS ☐ MA/MS ☐ JD/PHD/EDD
Note: To receive educational salary incentive, complete the Higher Education Report Form CJSTC-63.
7. Agency ORI: FL 10100
8. Agency Name: Gainesville Police
9. Employment Date: 9/15/2020
10. Is this officer employed under a Temporary Employment Authorization? If yes, complete the Temporary Authorization form CJSTC-65.
☐ Yes ☒ No

11. Employment Class
☒ Law Enforcement ☐ Correctional ☐ Correctional Probation ☐ Concurrent ☐ Special Elected or Appointed
Employment Type
☒ Full-time ☐ Part-time ☐ Auxiliary
Railroad Police
☐ Full-time ☐ Part-time
12. If officer completed auxiliary training, does agency have proof of required high liability training on file?
☐ Yes Date: ☐ No
13. Is this officer requesting an equivalency-of-training? If yes, maintain on file the following forms: Equivalency-of-Training form CJSTC-76 for out-of-state or Federal Officers and the Equivalency-of-Training Proficiency Demonstration form CJSTC-76A.
☐ Yes ☒ No
14. Does the agency have the results of the officer's processed fingerprints on file: If yes, please indicate the date you received the fingerprint results from the Florida Department of Law Enforcement or the FBI.
☒ Yes Date: 5/28/2020 ☐ No
15. Does the agency have on file the seven-panel controlled substance screening results as required in Rule 11B-27.00225?
☒ Yes ☐ No
16. Has the agency completed a background investigation and have on file all documents required in Chapter 27, F.A.C.? ☒ Yes ☐ No

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

17. [Signature]
Agency Administrator or Designee's Signature

18. 09.15.2020
Date

19. John Klement - Police Sergeant
Agency Administrator or Designee's Printed Name and Title

20. OATH

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

STATE OF Florida COUNTY OF Alachua

Sworn to (or affirmed) and subscribed before me this 15

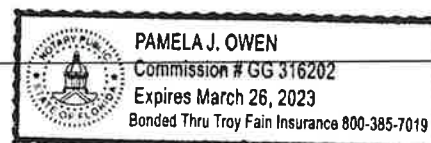
day of Sept., year 2020, By John Klement

[Signature]
Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned name of Notary Public

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced



An officer shall not be employed in a sworn status until all requirements of Section 943.13, F.S. have been met.

Florida Department of Law Enforcement

Global Profile Sheet

Name:	Erin L Luca		
Race:	Wh	Sex:	F
Education:	Associate		

Employment

Agency	Class	Type	Start Date	Sep. Date	Sep. Reason	TEA	FP Date
Gainesville Police Department	Civ	FT	10/14/2019	09/15/2020	Transfer Within Agency (No break in service)	N	05/28/2020
Gainesville Police Department	LE	FT	09/15/2020			N	05/28/2020

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
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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	
LE		5/18/2020		37		Pass			
Type	Date	Form	Vendor				Overall		Expiration
BATLE	04/24/2019	07LE4	Industrial/organizational Solutions				Pass		04/24/2023

Equivalency

Agency	Discipline	Application Date	Decision Date	Approval Authority	Advised Date	Status	Exp Date
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No Equivalency Records found for this person

Training

Start Date	End Date	Sequence	Version	Type	MR/SI	Title	Grade	Hours Taught
10/21/2019	05/07/2020	28-2019-2000-2	2019.07	BLE		Florida Law Enforcement Academy	P	770

WMD/ICS Training for Certified Law Enforcement Officers

Training Name	Completion Date
Weapons of Mass Destruction(WMD)	5/7/2020
Incident Command System (ICS)	5/7/2020

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFICATE of BIRTH

NAME:

ERIN LYNN ARMSTRONG

DATE OF BIRTH:

[REDACTED]

SEX: FEMALE

PLACE OF BIRTH:

ALACHUA COUNTY, FLORIDA

CERTIFICATE NUMBER:

109-86-138343

DATE FILED:

11/25/86

DATE ISSUED:

7/26/98

MOTHER'S MAIDEN NAME:

[REDACTED]

FATHER'S NAME:

[REDACTED]

This is to certify that this is a true abstract of the official record filed with this office.

By

Shirley Allen, CSR

State Registrar

WARNING:

4018413

DO NOT ACCEPT CERTIFIED COPIES UNLESS ON SECURITY PAPER WITH COLORED BACKGROUND AND THE LETTERS FLA IN THE UPPER RIGHT AND LEFT CORNERS OF PAPER ON FRONT AND VERTICAL SECURITY LINES ON BACK. ALTERATION OR ERASURE VOIDS THIS CERTIFICATE.

FLORIDA DEPARTMENT OF
HEALTH

Santa Fe Community College

This Certifies That

Erin Lynn Armstrong

Having completed the requirements for Graduation as prescribed by the State of Florida
and by the District Board of Trustees is hereby granted the degree of

Associate of Arts

Given this eighth day of December, two thousand and six

James A. Davis Jr.

Chair Board of Trustees



Gainesville, Florida

Jason M. Lauer

President

Santa Fe Community College

This Certifies That

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Having completed the requirements for Graduation as prescribed by the State of Florida
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James A. Davis Jr.

Chair Board of Trustees



Gainesville, Florida

Jackson N. Lamer

President



Rick Swearingen, Comm

[Member Center](#) [Inbox](#) [Track Sent](#) [Logout](#)[Help](#)**View Message**[Download Message](#)

Tracking:#26535681

Sent:5/28/2020 10:41:13 AM (GMT-04:00)

Expires:11/28/2020 10:41:13 AM (GMT-05:00)

From:Applicantchecks2@fdle.state.fl.us

Subject:Results of check for LUCA, ERIN LYNN (70LX01A0000003792)

To:GPDFDLECHECKS@CITYOFGAINESVILLE.ORG

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

Applicant SSN: [REDACTED]
Applicant Name: LUCA, ERIN LYNN
Applicant Alias Name(s): ARMSTRONG, ERIN LYNN
Applicant Race: W
Applicant Sex: F
Applicant Birthdate: [REDACTED]
Applicant Address: [REDACTED]
Applicant Place of Birth: FL
Applicant Eye Color: GRN
Applicant Hair Color: BLN
Applicant Height: 501
Applicant Weight: 110

Submitted ATN:
Submitted OCA:
Submitted MNU 1:
Submitted MNU 2:
Submitted MNU 3:
Submitted MNU 4:
Submitted OCP:
Submitted TSR:
Submitted DPR: 20190813

Customer ORI Number: FL0010100
Customer Name: PD - GAINESVILLE POLICE DEPARTMENT

Livescan Device Number: LSD000123
Livescan Device Owner: PD - GAINESVILLE POLICE DEPARTMENT

TCN: 70LX01A0000003792

***** Florida Criminal History Record Response Listed Below *****

There Was NO Florida Criminal History Record Identified.

***** National/FBI Criminal History Record Response Listed Below *****

There Was NO National/FBI Criminal History Record Identified.

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

Copyright



Florida Department of
Law Enforcement

EMPLOYMENT BACKGROUND INVESTIGATIVE REPORT

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



CJSTC
77

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

This form must be attached to the Registration of Employment, Affidavit of Compliance form CJSTC-60.

- Officer's Name: Luca Erin L
Last First MI
- Social Security Number: 3. Agency ORI: FL FL0010100
- Agency Name: Gainesville Police Department
- Disciplines: Law Enforcement: ☒ Correctional Probation: ☐ Railroad Police: ☐ Correctional ☐ Concurrent ☐
- Results of Background Check:

Mandatory Checks	Satisfactory	Unsatisfactory	FDLE was contacted
Previous Employment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> VIA ATMS <input type="checkbox"/> Via Telephone
FCIC Record	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On <u>05/28/2020</u> for information on the applicant's
NCIC Record	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Date
Local Law Enforcement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	previous criminal justice employments or Commission action.
Military History	<input type="checkbox"/>	<input type="checkbox"/>	
Controlled Substances	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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

- Applicant Admits To: ☐ Having previously committed an act, which constitutes a felony or misdemeanor even if previously not detected, not arrested or not prosecuted including, but not limited to, theft, possession of illegal drugs, fraud, etc.

Describe: N/A

- Current and Recent Illegal Use of Controlled Substance (Indicate type and date last used):

<input type="checkbox"/> Marijuana	<input type="checkbox"/> Cocaine	<input type="checkbox"/> Opiates
<input type="checkbox"/> Designer Drugs	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> None

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

None

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

- Signature and Attestment of Background Investigator: *[Signature]* Date: 9/3/20

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

- Signature of Employing Agency Administrator or Designee (Required) *[Signature]* 09.03.2020
(Date Signed)



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: Luca Erin L
Last First MI

Employing agency: Gainesville Police Department

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

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

True False NA In addition, I attest to the following statements: Each statement shall be checked "True" "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 checked="" type="checkbox"/> Law Enforcement <input 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. Erin Luca 13. 9/15/20
Applicant's Signature Date Signed

14. OATH

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

STATE OF Florida COUNTY OF Alachua

Sworn to (or affirmed) and subscribed before me this 15

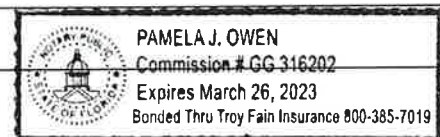
day of Sept, year 2020, By John Klement

Signature of Notary Public – State of Florida Pamela J. Owen

Print, Type, or Stamp Commissioned name of Notary Public

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced



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

Department of Health • Vital Statistics

STATE OF FLORIDA

MARRIAGE RECORD

TYPE IN UPPER CASE

USE BLACK INK

This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.

(STATE FILE NUMBER)

RECORDED IN OFFICIAL RECORDS
INSTRUMENT # 2398861 1 PG

2008 JAN 15 02:52 PM BK 3731 PG 101

J. K. "BUDDY" IRBY
CLERK OF CIRCUIT COURT
ALACHUA COUNTY, FLORIDA
CLERK13 Receipt#358935

01 2007 ML 001834



2398861

APPLICATION TO MARRY			
1. GROOM'S NAME (First, Middle, Last) RYAN MATTHEW LUCA		2. DATE OF BIRTH (Month, Day, Year) [REDACTED]	
3a. RESIDENCE - CITY, TOWN, OR LOCATION GAINESVILLE	3b. COUNTY ALACHUA	3c. STATE FLORIDA	4. BIRTHPLACE (State or Foreign Country) FLORIDA
5a. BRIDE'S NAME (First, Middle, Last) ERIN LYNN ARMSTRONG		5b. MAIDEN SURNAME (if different) [REDACTED]	5. DATE OF BIRTH (Month, Day, Year) [REDACTED]
7a. RESIDENCE - CITY, TOWN, OR LOCATION GAINESVILLE	7b. COUNTY ALACHUA	7c. STATE FLORIDA	8. BIRTHPLACE (State or Foreign Country) FLORIDA
WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.			
9. SIGNATURE OF GROOM (Sign full name using black ink) <i>Ryan Matthew Luca</i>		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 12/11/2007	
11. TITLE OF OFFICIAL DEPUTY CLERK		12. SIGNATURE OF OFFICIAL (Use black ink) <i>Jaqueline Graham</i>	
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>Erin Lynn Armstrong</i>		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 12/11/2007	
15. TITLE OF OFFICIAL DEPUTY CLERK		16. SIGNATURE OF OFFICIAL (Use black ink) <i>Jaqueline Graham</i>	
LICENSE TO MARRY			
AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.			
17. COUNTY ISSUING LICENSE ALACHUA	18. DATE LICENSE ISSUED 12/11/2007	19a. DATE LICENSE EFFECTIVE 12/14/2007	19. EXPIRATION DATE 02/08/2008
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>Jaqueline Graham</i>		20b. TITLE J.K. "Buddy" Irby Clerk of the Circuit Court	20c. BY D.C. <i>[Signature]</i>
CERTIFICATE OF MARRIAGE			
I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.			
21. DATE OF MARRIAGE (Month, Day, Year) 01/13/2008	22. CITY, TOWN, OR LOCATION OF MARRIAGE Gainesville FL		
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>Jeff Moody</i>		23c. ADDRESS (Of person performing ceremony) 2022 SW 122 St. Gainesville FL 32607	
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary state) Jeff Moody, Minister The Family Church Gainesville FL		24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Wanda L. Hixson</i>	
		25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Phaedra Luca</i>	






SEAL

To Luca



J.K. "Buddy" Irby, Clerk of the Circuit & County Court, Eighth Judicial Circuit of Florida, in and for Alachua County, hereby certifies this to be a true and correct copy of the document now of record in this office. Witness my hand and seal this 15 day of January, 2008.
J.K. "Buddy" Irby, Clerk of the Circuit & County Court.
By *Marlene Lee*
Deputy Clerk

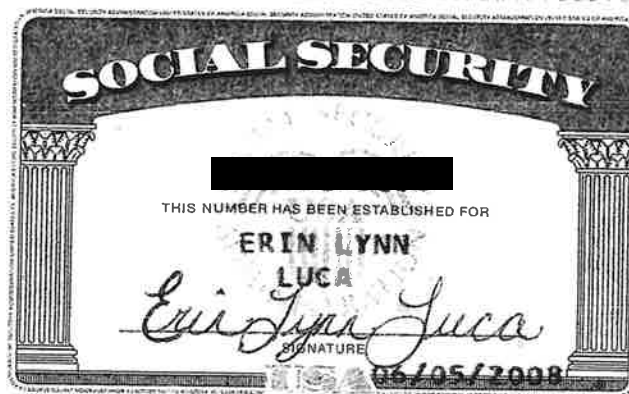
Florida *The Sunshine State*
DRIVER LICENSE CLASS E

 
ERIN LYNN
LUCA


DOB  SEX F
ISSUED 11-01-2012 REG. 5-01
EXPIRES  2020
REST
ENDORSE: 


ORGAN DONOR

Operation of a motor vehicle constitutes consent to any sobriety test required by law.



Submit the completed name change form and attachments to the following address: **Florida Department of Law Enforcement, Criminal Justice Professionalism Program, Post Office Box 1489, Tallahassee, Florida 32302-1489, Attention: Records Section. Fax Number 850-410-8605.**



Florida Department of
Law Enforcement

NAME CHANGE APPLICATION

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




CJSTC
79

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

Use this form when an officer's official name changes because an officer marries (include hyphenation, if any), an officer obtains legal name change through court action, or a discrepancy occurs in the officer's name, such as spelling, etc.

1. Last Four Digits of Social Security Number: [REDACTED]
2. Officer's Previous Name: Luca Erin L
Last First MI
3. Officer's New Name: Armstrong Erin L
Last First MI
4. Agency ORI: FL: 0010100
Enter the last seven digits of the originating agency's identifier number.
5. Agency Name: Gainesville Police Dpartment
6. Attach supporting documentation and maintain on file a copy of marriage license, divorce decree, birth certificate, naturalization certificate, current U.S. passport, or legal name change documents to support the officer's name change.

- ☐ Marriage
☐ Divorce
☒ Legal name change through court process
☐ Name entered incorrectly into ATMS
☐ Other


Agency Administrator or Designee's Signature

09/15/2020

Date Signed

AGENCY REQUIREMENTS

Submit the completed name change form and attachments to the following address: Florida Department of Law Enforcement, Criminal Justice Professionalism Program, Post Office Box 1489, Tallahassee, Florida 32302-1489, Attention: Records Section. Fax Number 850-410-8605.

**IN THE CIRCUIT COURT
OF THE EIGHTH JUDICIAL CIRCUIT
IN AND FOR ALACHUA COUNTY, FLORIDA**

**CASE NUMBER: 01-2020-DR-000151
Family Division DR4 (Pro Se)**

99 CLOSED

IN RE: The Name Change of

**ERIN LYNN LUCA,
Petitioner.**

FINAL JUDGMENT OF CHANGE OF NAME (ADULT)

THIS CAUSE came before the Court on the Petition for Change of Name (Adult) under Fla. Stat. § 68.07. On Tuesday, March 10, 2020, the Petitioner, ERIN LYNN LUCA, appeared and gave testimonial evidence in support of the requested name change. The Court

FINDS as follows:

- A. Petitioner is a resident of Alachua County, Florida.
- B. The Petitioner satisfies the requirements of Fla. Stat. § 68.07, the Petitioner's request is not for any ulterior or illegal purpose.
- C. Granting this petition will not invade the property rights of others, whether partnership, patent, good will, privacy, trademark, or otherwise.

WHEREFORE, it is ORDERED

1. Petitioner's present name, ERIN LYNN LUCA, is changed to, ERIN LYNN ARMSTRONG, by which Petitioner shall hereafter be known.
2. The Clerk of Court is directed to notify the applicable state agencies of Florida as may be required under Fla. Stat. § 68.07(6).

DONE AND ORDERED in Gainesville, Alachua County, Florida on this Tuesday, March 10, 2020.

01-2020-DR-000151 03/10/2020 09:26:34 AM



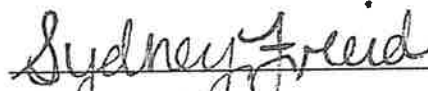
Denise R. Ferrero, Circuit Judge
01-2020-DR-000151 03/10/2020 09:26:34 AM

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that copies have been furnished by U.S. Mail or via filing with the Florida Courts E-Filing Portal on Tuesday, March 10, 2020 to the following:

ERIN LYNN LUCA
erinarmstrongluca@gmail.com

01-2020-DR-000151 03/10/2020 09:27:28 AM

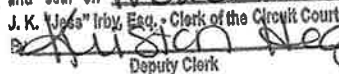



Sydney Freid, Administrative Assistant
01-2020-DR-000151 03/10/2020 09:27:28 AM

Under the Americans with Disabilities Act, if you are a person with a disability who needs any accommodation in order to participate in a proceeding, you are entitled to be provided with certain assistance at no cost to you. Please contact the ADA Coordinator at (352) 337-6237 at least 7 days before your scheduled court appearance, or immediately upon receiving this notification if the time before the scheduled appearance is less than 7 days. If you are hearing or voice impaired, call 1-800-955-8770 via Florida Relay Service.



J. K. "Jess" Irby, Esq., Circuit and County Court Clerk, Alachua County, Florida, certifies this is a true copy of the document of record for this office, which may have been redacted as required by law. Witness my hand and seal on March 10, 2020

J. K. "Jess" Irby, Esq., Clerk of the Circuit Court

Deputy Clerk

Florida DRIVER LICENSE  CLASS E


ARMSTRONG
ERIN LYNN

DOB: [REDACTED] SEX: F
EXP: 06/23/2028 HGT: 5'-01"
REST: A EYES: NONE

SAFE DRIVER
EXP: 06/23/2020
SCD: 096209623004

Erin Lynn Armstrong

Operation of a motor vehicle constitutes consent to any sobriety test required by law.



SOCIAL SECURITY

[REDACTED]

THIS NUMBER HAS BEEN ESTABLISHED FOR

**ERIN LYNN
ARMSTRONG**

SIGNATURE _____

USA 06/09/2020

HIGHER EDUCATION FOR SALARY INCENTIVE REPORT

FDLE

Florida Department of
Law Enforcement

Incorporated by Reference in Rule 11B-14.002(6)(b), F.A.C.



CJSTC 63

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

ATTACH A COPY OF THE OFFICIAL TRANSCRIPT TO THIS FORM

1. Social Security Number : [REDACTED]
2. Name : Luca, Erin L
3. Agency ORI : FL0010100
4. Agency Name : Gainesville Police Department
5. Employment Date : 10/14/2019
6. Degree : Associate
7. Conferring Institution : Santa Fe College
8. Accrediting Association : Southern Association of Colleges and Schools
9. Major : General Studies
10. Date the Degree was Conferred : 12/18/2006
11. If no degree conferred, indicate the date the associate degree requirements were met :
12. If no degree conferred, indicate the number of hours earned : Semester Hours 84 Quarter Hours
13. I hereby affirm that the above information is true and can be verified by official transcripts and diplomas on file with the employing agency.

Agency Administrator or Designee's Signature

05.28.2020

Date Signed


Florida DRIVER LICENSE  **CLASS E**

44 DL [REDACTED]

ARMSTRONG
ERIN LYNN

1 DOB [REDACTED] SEX F
40 EXP [REDACTED] 2028 18 HGT 5'-01"
12 REST A 18 END NONE

SAFE DRIVER
4a ISS 06/23/2020
SDD DB#2006230048

 Operation of a motor vehicle constitutes consent to any sobriety test required by law



SOCIAL SECURITY

[REDACTED]

THIS NUMBER HAS BEEN ESTABLISHED FOR

ERIN LYNN
ARMSTRONG

SIGNATURE 

USA 06/09/2020

RECORDED IN OFFICIAL RECORDS
INSTRUMENT # 3221690 4 PG(S)
10/18/2019 1:59 PM
BOOK 4725 PAGE 1957
J.K. JESS IRBY, ESQ.
Clerk of the Court, Alachua County, Florida
ERECORDED Receipt# 916776
Doc Stamp-Mort: \$0.00
Doc Stamp-Deed: \$0.00
Intang. Tax: \$0.00

**IN THE CIRCUIT COURT
OF THE EIGHTH JUDICIAL CIRCUIT
IN AND FOR ALACHUA COUNTY, FLORIDA**

**CASE NUMBER: 01-2019-DR-003090
Family Division DR2 (Pro Se)**

99 CLOSED

IN RE: The Marriage of

**RYAN MATTHEW LUCA,
Husband,**

and

**ERIN LYNN LUCA,
Wife.**

FINAL JUDGMENT OF DISSOLUTION OF MARRIAGE

THIS CAUSE came before the Court on Tuesday, October 15, 2019, for a Non-Jury Trial. Both parties appeared before the Court for the hearing. After reviewing the Court file, as well as the testimonial and documentary evidence presented at Non-Jury Trial, the Court

FINDS AS FOLLOWS:

- A. This Court has jurisdiction over the parties and the subject matter of this action.
- B. The Wife filed a Petition for Dissolution of Marriage with Dependent or Minor Child(ren) on Tuesday, September 10, 2019.
- C. The Husband filed an Answer and Waiver on Tuesday, September 10, 2019.
- D. The Wife has been a resident of the State of Florida for at least six (6) months prior to the filing of the Petition for Dissolution of Marriage as corroborated by a Florida Drivers License.
- E. The Husband and Wife were married on Saturday, January 12, 2008. The marriage is irretrievably broken.
- F. The parties have two (2) minor children together, RUTH LUCA, born September 8, 2010, and PETER LUCA, born August 24, 2012. The Wife is not expecting.
- G. The parties have submitted a parenting plan/time sharing schedule on Tuesday, September 10, 2019, which meets the intent of §61.13.

- H. The parties have also entered into a Marital Settlement Agreement filed with the Court on Tuesday, September 10, 2019.
- I. The parties each waived their right to spousal support (alimony).
- J. The Wife did not request restoration of her former name.

WHEREFORE, it is **ORDERED** as follows:

1. **DISSOLUTION OF MARRIAGE:** The marriage between RYAN MATTHEW LUCA and ERIN LYNN LUCA is dissolved and the status of the parties is restored to that of being single and unmarried.
2. **HOME BASE:** It is in the best interest of the child that the Wife's home shall be designated as the home base for the purpose of determining which school the children shall attend. The parties shall have shared parental responsibility in accordance with FL Chapter 61.13. The jurisdictional basis for this court to enter a judgment and the award of the Wife's home as the children's home base constitutes a "custody decree" or "custody determination" arising out of a proceeding within the meaning of the Uniform Child Custody Jurisdiction and Enforcement Act, Section '61.501 et. Al., Florida Statutes (2008), the International Child Abduction Remedies Act, 42 U.S.C. ss 1 1601 et seq., the Parental Kidnapping Prevention Act, and the Convention on the Civil Aspects of International Child Abduction enacted at the Hague on October 25, 1980. To the end that differences between the Wife and Husband regarding the best interests of the children and the several areas of parental responsibility which they share may be resolved in other than an adversarial proceeding, if such differences arise, the Wife and Husband shall confer in an effort to resolve them. No hearing may be scheduled before the Court, unless, a party certifies that he or she has conferred, or in good faith has attempted to confer, as herein mandated, and that the differences cannot be resolved without court intervention. The refusal to confer shall not be held against a party, provided that good cause be shown for that refusal to confer. The Court reserves the right to assess costs, including attorney's fees, against the party who declines to reach a reasonable solution to differences between the parties.
3. **PARENTAL RESPONSIBILITY:** In accordance with FL Chapter 61.13, the parties shall have shared parental responsibility and shall have the right and responsibility to be involved in all major matters pertaining to the children's health, education and well being.
4. **TIME SHARING:** The court accepts the parties' parenting plan as filed on Tuesday, September 10, 2019, and incorporates it by reference into this Final Judgment. The parties are to abide by the terms and provisions of the parenting plan.
5. **CHILD SUPPORT:** Pursuant to Child Support Guidelines, the child support obligation is \$0. The Court orders no child support at this time.
6. **HEALTH INSURANCE:** The Wife shall provide the health/dental insurance for the parties' child. Any necessary medical expenses not covered by insurance shall be shared equally by the parties.
7. **NOTIFICATION OF ADDRESS:** Each party shall inform the other party and the Court of

any change in address. The parties' current addresses are:

RYAN LUCA, [REDACTED]

ERIN LUCA, [REDACTED]

8. **RELOCATION:** In the event that either the Husband or the Wife seeks to relocate his or her principal residence more than 50 miles away from his or her principal residence at the time of this final judgment, that party shall comply with the provisions of section 61.13001, Florida Statutes.
9. **TAX EXEMPTION:** Starting with tax year 2019, the Wife shall claim the oldest child and the Husband shall claim the youngest child each year for all tax purposes, including the federal dependency exemption, and any other credits or deductions. Once the oldest child reaches the age of majority, then the Wife shall claim the remaining minor child on even years and the Husband shall claim the remaining minor child on odd years. The parties shall convey to the other any applicable IRS form regarding the income tax deduction.
10. **SETTLEMENT AGREEMENT:** The Court finds that the parties' Marital Settlement Agreement as filed on Tuesday, September 10, 2019, was entered into freely and voluntarily. The Court adopts the parties' Marital Settlement Agreement and incorporates it by reference into this Final Judgment. The parties' agreement shall be enforced by the Court to the extent permitted by the law and to the extent the provisions do not conflict with this Court's Final Judgment of Dissolution of Marriage or the parenting plan, which documents shall supersede any conflict provisions of the Marital Settlement Agreement.
11. **JURISDICTION:** Except as to the Dissolution of Marriage, the Court retains jurisdiction of the parties to enter whatever further orders are necessary in the interest of civil justice.

DONE AND ORDERED in Gainesville, Alachua County, Florida on this Wednesday, October 16, 2019.

01-2019-DR-003090 10/16/2019 09:11:24 AM



Denise R. Ferrero, Circuit Judge

01-2019-DR-003090 10/16/2019 09:11:24 AM

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that copies have been furnished by U.S. Mail or via filing with the Florida Courts E-Filing Portal on Wednesday, October 16, 2019 to the following:

RYAN MATTHEW LUCA ERIN LYNN LUCA



01-2019-DR-003090 10/16/2019 09:13:27 AM



Tina Haynes, Court Program Specialist II
01-2019-DR-003090 10/16/2019 09:13:27 AM

Under the Americans with Disabilities Act, if you are a person with a disability who needs any accommodation in order to participate in a proceeding, you are entitled to be provided with certain assistance at no cost to you. Please contact the ADA Coordinator at (352) 337-6237 at least 7 days before your scheduled court appearance, or immediately upon receiving this notification if the time before the scheduled appearance is less than 7 days. If you are hearing or voice impaired, call 1-800-955-8770 via Florida Relay Service.

AJ/17

Non-Cert

EMPLOYMENT APPLICATION

CITY OF GAINESVILLE
 222 E. University Ave PO BOX 490
 Gainesville, Florida 32627
<http://www.cityofgainesville.jobs>

LUCA, ERIN Lynn
08230 POLICE OFFICER

Received: 6/26/19 11:48 AM

For Official Use Only:

QUAL: _____

DNQ: _____

☐ Experience

☐ Training

☐ Other: _____

PERSONAL INFORMATION

POSITION TITLE: POLICE OFFICER		EXAM ID#: 08230
NAME: (Last, First, Middle) LUCA, ERIN Lynn		SOCIAL SECURITY NUMBER: N/A
ADDRESS: (Street, City, State, Zip Code) [REDACTED]		EMAIL ADDRESS: [REDACTED]
HOME PHONE: [REDACTED]	ALTERNATE PHONE: [REDACTED]	NOTIFICATION PREFERENCE: Email
DRIVER'S LICENSE: <input type="checkbox"/> Yes <input type="checkbox"/> No	DRIVER'S LICENSE: State: FL Number: [REDACTED]	LEGAL RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> Yes <input type="checkbox"/> No

PREFERENCES

MINIMUM COMPENSATION: \$17.00 per hour; \$32,000.00 per year	ARE YOU WILLING TO RELOCATE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Maybe
WHAT TYPE OF JOB ARE YOU LOOKING FOR? Regular	
TYPES OF WORK YOU WILL ACCEPT: Full Time	
SHIFTS YOU WILL ACCEPT: Day, Evening, Night, Weekends	
OBJECTIVE: To obtain a sponsorship for the Santa Fe police academy through the Gainesville Police Department.	

EDUCATION

DATES: From: 8/2005 To: 8/2007	SCHOOL NAME: SANTA FE COLLEGE	
LOCATION: (City, State) Gainesville, Florida	DID YOU GRADUATE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	DEGREE RECEIVED: Associate's
MAJOR: Engineering	UNITS COMPLETED: 73 - Semester	
DATES: From: 8/2005 To: 5/2006	SCHOOL NAME: EMBRY RIDDLE AERONAUTICAL UNIVERSITY	
LOCATION: (City, State) Daytona Beach, Florida	DID YOU GRADUATE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	DEGREE RECEIVED: Professional
MAJOR: Aerospace Engineering	UNITS COMPLETED: 19 - Semester	

WORK EXPERIENCE

DATES: From: 8/2008 To: Present	EMPLOYER: LUCA'S LAWN MAINTENANCE INC	POSITION TITLE: OWNER
ADDRESS: (Street, City, State, Zip Code) 3134 NW 79th Court, Gainesville, Florida, 32606		COMPANY URL:
PHONE NUMBER: 3522198000	SUPERVISOR: Erin Lynn Luca - Self	MAY WE CONTACT THIS EMPLOYER? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
HOURS PER WEEK: 40	SALARY: \$500.00/month	# OF EMPLOYEES SUPERVISED:
DUTIES: Built, managed and supervised a growing company with almost 100 accounts. Assisted and worked closely with our accountant and lawyer in managing the business in the most profitable way possible. Responsible for large purchases of vehicles and equipment as well as helping maintain them. Worked in the field to ensure clientele's expectations were met. Responsible for all tax preparations, payroll and billing.		
REASON FOR LEAVING: Not leaving. Owner.		
DATES: From: 1/2018 To: Present	EMPLOYER: University Air Center	POSITION TITLE: LINESMAN/DETAILER
ADDRESS: (Street, City, State, Zip Code) 4701 NE 40th Terr., Gainesville, Florida, 32609		COMPANY URL:
PHONE NUMBER: 3523354681	SUPERVISOR: Shanon Spears - Manager	MAY WE CONTACT THIS EMPLOYER? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

HOURS PER WEEK: 40	SALARY: \$2,720.00/month	# OF EMPLOYEES SUPERVISED:
DUTIES: Responsible for repositioning, fueling and assisting pilots with their aircraft needs. Responsible for the cleanliness of the interior and exterior of company's and clientele aircraft. Oversaw and monitored security status at Gainesville airport in general aviation and fielded almost half a dozen challenges from undercover security agents with successful outcomes. In charge of daily fuel sumps and audit log books. Maintained the FBO's facility, handled customer transactions, and nightly security of ramp.		
REASON FOR LEAVING: Haven't Left yet		
DATES: From: 8/2006 To: 5/2008	EMPLOYER: PERRY ROOFING CONTRACTORS	POSITION TITLE: PROJECT COORDINATOR
ADDRESS: (Street, City, State, Zip Code) 2505 Sw 71st Place, Gainesville, Florida, 32653		COMPANY URL:
PHONE NUMBER: 3523732724	SUPERVISOR: Keith Perry - Owner	MAY WE CONTACT THIS EMPLOYER? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
HOURS PER WEEK: 40	SALARY: \$1,920.00/month	# OF EMPLOYEES SUPERVISED:
DUTIES: Responsible for submitting roofing estimates as well as complete project material details to commercial clients. Responsible for accurately measuring large commercial building roofs and ordering correct materials.		
REASON FOR LEAVING: Running lawn maintenance company with husband.		

CERTIFICATES AND LICENSES

Nothing Entered For This Section

Skills**OFFICE SKILLS:**
 Typing:42
 Data Entry:0
OTHER SKILLS:**LANGUAGE(S):****ADDITIONAL INFORMATION**

Nothing Entered For This Section

REFERENCES

REFERENCE TYPE: Professional	NAME: BRYAN HODIK	POSITION:
ADDRESS: (Street, City, State, Zip Code)		
EMAIL ADDRESS:		PHONE NUMBER: 352-514-7339
REFERENCE TYPE: Professional	NAME: Scott Bedner	POSITION: Pilot for UF Gators
ADDRESS: (Street, City, State, Zip Code) 5546 SW 8th Place, Gainesville, Florida 32607		
EMAIL ADDRESS:		PHONE NUMBER: 352-256-3971
REFERENCE TYPE: Professional	NAME: CAS ADAMS	POSITION:
ADDRESS: (Street, City, State, Zip Code)		
EMAIL ADDRESS:		PHONE NUMBER: 352-219-6780
REFERENCE TYPE: Professional	NAME: MEGAN FANELLI	POSITION: Commercial property owner
ADDRESS: (Street, City, State, Zip Code)		
EMAIL ADDRESS:		PHONE NUMBER: 352-363-4103
REFERENCE TYPE: Professional	NAME: JOHN SMITH	POSITION:
ADDRESS: (Street, City, State, Zip Code)		
EMAIL ADDRESS:		PHONE NUMBER: 352-373-6726

Agency-Wide Questions**1. Have you served in any U.S. Military Service?**

No

Veterans' Preference ensures that veterans and eligible persons are given consideration at each step of the selection process. However, preference does not guarantee that a veteran or other eligible person will be the candidate selected to fill the position. Section 295.07, Florida Statutes (F.S.) specifies who is eligible for Veterans' Preference. State of Florida residency is not required for Veterans' Preference. Listed below are the seven Veterans' Preference categories.

- a. A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Department of Veterans' Affairs and the Department of Defense. [section 295.07(1)(a), F.S.] b. The spouse of a veteran who cannot qualify for employment because of a total and permanent service-connected disability, or the spouse of a veteran missing in action, captured, or forcibly detained or interned in line of duty by a foreign government or power. [section 295.07(1)(b), F.S.] c. A wartime veteran as defined in section 1.01(14), F.S., who has served on active duty for one day or more during a wartime period or who has served in a qualifying campaign or expedition. Active duty for training shall not qualify for eligibility under this paragraph. [section 295.07(1)(c), F.S.] d. The un-remarried widow or widower of a veteran who died of a service-connected disability. [section 295.07(1)(d), F.S.] e. The mother, father, legal guardian, or unremarried widow or widower of a member of the United States Armed Forces who died in the line of duty under combat-related conditions, as verified by the United States Department of Defense. [section 295.07(1)(e), F.S.] f. A veteran as defined in section 1.01(14), F.S., excluding active duty for training. [section 295.07(1)(f), F.S.] g. A current member of any reserve component of the United States Armed Forces or the Florida National Guard. [section 295.07(1)(g), F.S.] Are you eligible to receive preference in employment under a through g above?

No

Are you claiming Veterans' Preference? If so, documentation must be included with your application or resume. It shall include the following: (1) Veterans, disabled veterans, and spouses of disabled veterans shall furnish a Department of Defense (DOD) Document, form DD-214 or military discharge papers, or equivalent certification from the VA, listing military status, dates of service and discharge type. (2) Disabled veterans shall also furnish a document from the DOD, the VA, or the Dept. certifying that the veteran has a service-connected disability. (3) Spouses of disabled veterans shall also furnish either a certification from the DOD or the VA that the veteran is totally and permanently disabled or an identification card issued by the Dept.; spouses shall also furnish evidence of marriage to the veteran and a statement that the spouse is still married to the veteran at the time of the application for employment; the spouse shall also submit proof that the disabled veteran cannot qualify for employment because of the service-connected disability. (4) Spouses of persons on active duty shall furnish a document from the DOD or the VA certifying that the person on active duty is listed as missing in action, captured in line of duty, or forcibly detained or interned in line of duty by a foreign government or power; such spouses shall also furnish evidence of marriage and a statement that the spouse is married to the person on active duty at the time of that application for employment. (5) The unremarried widow or widower of a deceased veteran shall furnish a document from the DOD or the VA certifying the service-connected death of the veteran, and shall further furnish evidence of marriage and a statement that the spouse is not remarried. (6) Spouses of persons eligible to claim preference shall furnish certification from the VA that the veteran has a total and permanent service-connected disability.

No

4. Select the appropriate letter if you are claiming Veterans' Preference:

h. Not claiming Veterans' Preference

5. I understand that the City of Gainesville only hires U.S. Citizens and lawfully authorized alien workers. Identification and proof of citizenship or authorization will be required if a conditional job offer is made. Are you a citizen or national of the United States; or a lawful permanent resident or person granted refugee or asylee status and authorized to work in the United States?

Yes

6. If no, do you now, or will you in the future, require sponsorship?

Not Applicable

7. Please select the appropriate response regarding your employment with the City of Gainesville:

Never employed by the City of Gainesville

8. Are you a retiree from the City of Gainesville/Gainesville Regional Utilities?

No

9. May we contact your current employer? (Note: Past employers may be contacted to verify work history.)

Yes

10. If currently unemployed, please provide dates and reason for unemployment. (Note: If medical, do not give specific reasons.)**11. Do you have any relatives working for the City of Gainesville/GRU? Select all that apply.**

I have no relatives working for the City of Gainesville/GRU

12. If you have relatives working for the City of Gainesville/GRU, do they work in the department to which you are applying?

N/A

13. If you have relatives working for the City of Gainesville/GRU, please list the FULL NAME, RELATIONSHIP, and DEPARTMENT where your relative(s) works. If you do not have relatives working for the City of Gainesville/GRU please type "N/A".

N/A

14. Maiden or other names used:

Erin Lynn Armstrong

15. Where did you initially learn about the position you are applying for today?

CITY OF GAINESVILLE WEBSITE

Job Specific Supplemental Questions

- Notice Regarding Chemical Agent Contamination** The Florida Department of Law Enforcement requires basic recruit students to be subjected to chemical agent contamination. Specifically, basic recruit students will be subjected to oleo-resin capsicum (OC), frequently referred to as mace, through direct application, whereby a student will stand at least six feet from an instructor who will contaminate the student with OC by spraying a live canister twice for 1-1 1/2 seconds on the student's face but not directly in the student's eyes, and through open air exposure, whereby the student will enter a room, stairwell, or other location filled with the contaminant for 15 seconds. If you are unable to meet this requirement to become a certified law enforcement officer, you will not be eligible for employment with the Gainesville Police Department. This only applies to those candidates that must attend the entire Florida Academy. Officers already certified in Florida or those that only need to attend a two-week academy are not subject to the above statement. Please enter your initials below if you understand the statement above.
1. Yes
2. **Florida Law requires police officers to be United States citizens. Identification and proof of citizenship will be required at the time of testing. Are you a U.S. citizen or a Naturalized citizen of the U.S.?**
Yes
3. **Are you or will you be at least 21 years of age as of August 12, 2019 (applicants under 21 will not be eligible to test)?**
Yes
4. **Have you been convicted of a DUI in the last 7 years? *Please note: Answering 'Yes' to this question may disqualify you from the selection process.**
No
5. **Please read carefully -and- select one of the following that best applies to you for the level of education you have completed: **NOTE: Education will be verified. Please read carefully -and- select one of the following that best applies to you for the level of education you have completed: **NOTE: Education will be verified.**
I have completed an Associate's degree or a minimum of 60 semester credit hours from an accredited college or university
6. **Please read each option carefully -and- check the option that applies to you. If none apply to you, please select 'None of the above'. **NOTE: Do Not Enter "See Resume" as that does not reflect an acceptable response. All relevant education and experience must be listed and shown on your application to be considered****
Graduation from high school or possession of an acceptable equivalency diploma and five (5) years of post-high school work experience serving the public at-large. This is work in a customer focused environment
7. **If you selected "An equivalent combination of education, training and experience which provide the required knowledge, skills and abilities" from the list above, please briefly describe your education, training and experience and specify how it provides you with the required knowledge, skills and abilities based on the requirements for this position. If this does not apply to you, type "N/A" in the space provided. ***NOTE: Do Not Enter "See Resume" as that does not reflect an acceptable response. All relevant education and experience must be listed and shown on your application to be considered*****
N/A
8. **Please select the option that applies to you.**
I do not currently hold Law Enforcement certification
9. **Please select from the option below where you initially learned about this employment opportunity:**
Recruiter
10. **If you selected "Other" from the above option, please identify the event, activity or source where you initially learned about this employment opportunity. Please type N/A if this question does not apply to you.***
N/A

The following terms were accepted by the applicant upon submitting the online application:

By clicking on the 'Accept' button, I hereby certify that all statements made on this application are true and complete to the best of my knowledge and belief. Material misstatements or omissions and falsifications will be grounds for disqualification or termination of employment with the City of Gainesville.

I understand that during the selection process, I may be required to complete a background data packet. I hereby authorize the City of Gainesville and its agents to investigate all statements contained in this application; to interview the references and previous employers listed in this application; and to conduct a thorough investigation of my character, reputation, past employment, medical history, criminal record and driving record. I understand that my driving practices and conviction record, if any, will be considered to the extent relevant to the position sought. Accordingly, I authorize and direct those parties having knowledge of my past (including financial and credit records) to cooperate in this procedure by releasing information as requested. I direct former employers to furnish the necessary information concerning my employment with their organization, and I hereby release them from any and all liability for damages for providing such information, including, but not limited to, any liability for defamation or invasion of privacy. I understand that this investigation will be conducted prior to my being given a job offer or prior to the completion of my probationary period. I acknowledge and hereby waive any rights or claims I may have, whether presently fully developed or not, against the City of Gainesville or its agents or employees arising out of or resulting from, the release, authorized or unauthorized, of the information received pursuant to or in connection with the City's handling, processing or investigation of my application for employment with the City.

I understand that the City of Gainesville only hires US Citizens and lawfully authorized alien workers. Identification and proof of citizenship or authorization will be required if a conditional job offer is made.

I understand that this completed application is the property of the City of Gainesville and will not be returned. I understand that I must notify Human Resources of any changes in my name, address or phone number.

This application was submitted by ERIN Lynn LUCA on 6/26/19 11:48 AM

Signature _____

Date _____



ERIN LUCA

OBJECTIVE

To establish a career with the Gainesville Police Department.

EXPERIENCE

OWNER, LUCA'S LAWN MAINTENANCE INC.

2008-Present

- Built, managed and supervised a growing company with almost 100 accounts.
- Assisted and worked closely with our accountant and lawyer in managing the business in the most profitable way possible.
- Responsible for large purchases of vehicles and equipment as well as helping maintain them.
- Worked in the field to ensure clientele's expectations were met.
- Responsible for all tax preparations, payroll and billing.

LINESMAN/DETAILER, UNIVERSITY AIR CENTER

2017-Present

- Responsible for repositioning, fueling and assisting pilots with their aircraft needs.
- Responsible for the cleanliness of the interior and exterior of company's and clientele aircraft.
- Oversaw and monitored security status at Gainesville airport in general aviation and fielded almost half a dozen challenges from undercover security agents with successful outcomes.
- In charge of daily fuel sums and audit log books.
- Maintained the FBO's facility, handled customer transactions, and nightly security of ramp.

PROJECT COORDINATOR, PERRY ROOFING CONTRACTORS

2006-2008

- Responsible for submitting roofing estimates as well as complete project material details to commercial clients.
 - Responsible for accurately measuring large commercial building roofs and ordering correct materials.
-

EDUCATION

SANTA FE COLLEGE

Engineering

AA completed 2006

EMBRY RIDDLE AERONAUTICAL UNIVERSITY

Aerospace Engineering

REFERENCES

BRYAN HODIK 352-514-7339

University Air Center Charter Department. Professional reference.

PAM LANDIS 352-222-1750

University Air Center Flight School. Personal and professional reference.

CAS ADAMS 352-219-6780

Commercial property owner. Professional reference.

MEGAN FANELLI 352-363-4103

Personal reference

JOHN HENRY SMITH 352-373-6726

CPA. Personal and professional reference.

Florida *The Sunshine State*

DRIVER LICENSE CLASS E



ERIN LYNN
LUCA

DOB: [REDACTED] SEX: F
ISSUED: 11-01-2012 HGT: 5-01
EXPIRES: [REDACTED] 2020
REST.
ENDORSE:

Erin Luca
ORGAN DONOR

Operation of a motor vehicle constitutes consent to any sobriety test required by law.

UNITED STATES OF AMERICA Department of Transportation Federal Aviation Administration						
MEDICAL CERTIFICATE FIRST CLASS						
This certifies that (Full name and address): ERIN Lynn LUCA [REDACTED]						
Date of Birth	Height	Weight	Hair	Eyes	Sex	
[REDACTED]	61	111	BLOND	GREEN	F	
has met the medical standards prescribed in part 67, Federal Aviation Regulations, for this class of Medical Certificate.						
Limitations	Must wear corrective lenses.					
Examiner	Date of Examination		Examiner's Designation No.			
	08/22/2017		000019398			
	Signature		[Signature]			
	Typed Name		LANCE CHODOSH, MD			
AIRMAN'S SIGNATURE [Signature]						
Applicant ID: 2002076084 Control No.: 200007900539						

FAA Form 8500-9 (3-12) Supersedes Previous Edition NSN 0052-00-670-7002

<p>CONDITIONS OF ISSUE</p> <p>The holder of this certificate must:</p> <ul style="list-style-type: none"> • Have it in his or her personal possession at all times while exercising privileges of an airman certificate. (14CFR § 61.3) • Understand that the issuance of a medical certificate by an Aviation Medical Examiner may be reversed by the FAA within 60 days. (14CFR § 67.407) • Comply with validity standards specified for first-, second-, and third-class medical certificates. (14CFR § 61.23) • Comply with any statement of functional, operational, and/or time limitation issued as a condition of certification. (14CFR § 67.401) • Comply with the standards relating to prohibitions on operation during medical deficiency. (14CFR §§ 61.53, 63.19, and 65.49) <p>For International Operations Only: Some holders may be affected by certain international medical standards. Consult the U.S. Aeronautical Information Publication for U.S. differences with ICAO Annex 1 medical standards.</p>
--

Fold Here



AEROSPACE MEDICAL CERTIFICATION DIVISION, AAM - 300
FAA Civil Aerospace Medical Institute
Mike Monroney Aeronautical Center
P.O. Box 26080
Oklahoma City, OK 73125-9914

ERIN Lynn LUCA
[REDACTED]

Dear Airman:

Above is your new medical certificate. It supersedes any previous one you may have been issued.

To validate this certificate, it is necessary that you sign it in the space provided (Airman's Signature).

This certificate must be in your possession at all times while exercising your pilot privileges.

**CRIMINAL JUSTICE BASIC ABILITY TEST:
LAW ENFORCEMENT OFFICER
CANDIDATE FEEDBACK REPORT**



CJBAT - LEO SCORE ANALYSIS

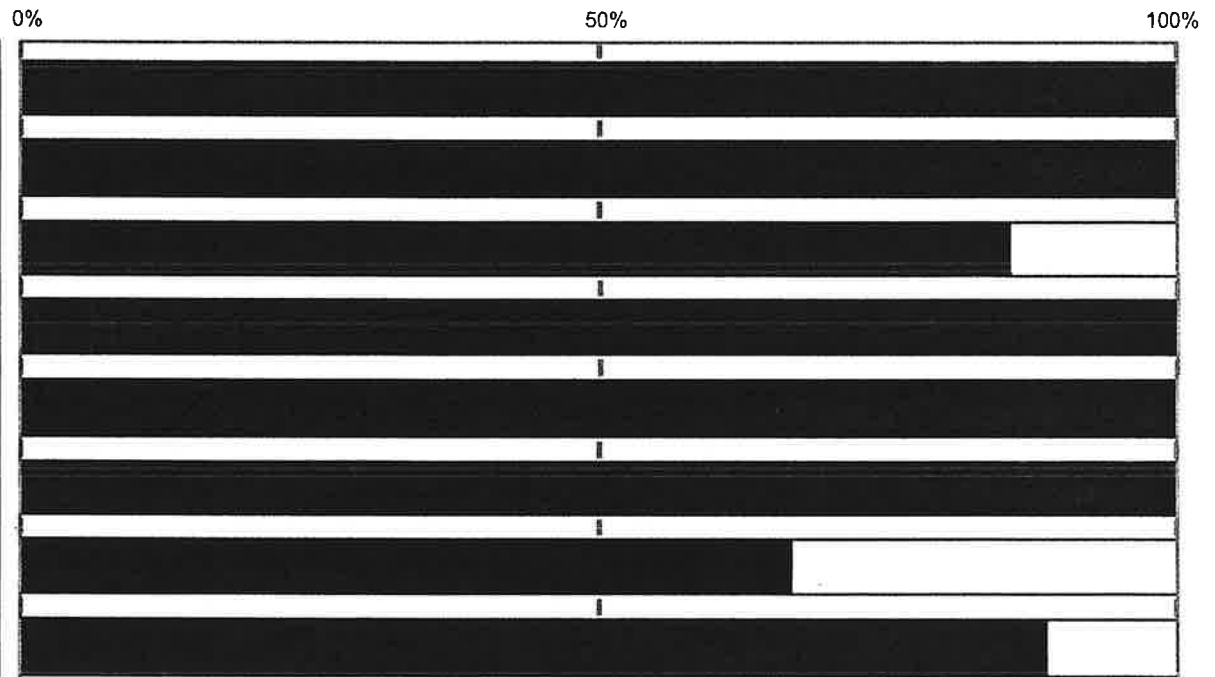
Status

Pass

Final Score



**CJBAT - LEO
Dimension Scores**



The Candidate Feedback Report shows the overall results and the dimensions of the CJBAT broken down for an individual. This report does not show the score values for any portion of the examination and are not available to candidates or criminal justice agencies per FDLE regulations. This Candidate Feedback Report is intended only to provide information to the applicant regarding their test performance relative to the specific CJBAT dimensions. This information is displayed graphically and allows the participant to compare their relative strengths and weakness across the eight CJBAT dimensions. If candidates are interested learning more about their likely performance on the CJBAT - IOS offers online practice tests that breakdowns performance and provides specific numeric results. For more information visit www.recruitment.iosolutions.org and search for CJBAT Practice Test.

Florida *The Sunshine State*
DRIVER LICENSE CLASS E

ERIN LYNN
LUCA

DOS: [REDACTED] SEX: F
ISSUED: 11-01-2012 HGT: 5-01
EXPIRES: [REDACTED] 2020
REST:
ENDORSE:

Erin Lynn Luca
ANOR

Operation of a motor vehicle constitutes consent to any sobriety test required by law.

SOCIAL SECURITY

[REDACTED]

THIS NUMBER HAS BEEN ESTABLISHED FOR

ERIN LYNN
LUCA

Erin Lynn Luca
SIGNATURE

06/05/2008

Santa Fe Community College

This Certifies That

Erin Lynn Armstrong

Having completed the requirements for Graduation as prescribed by the State of Florida
and by the District Board of Trustees is hereby granted the degree of

Associate of Arts

Given this eighth day of December, two thousand and six

James A. Davis Jr.

Chair Board of Trustees



Gainesville, Florida

Jackson N. Lamer

President

PERSONNEL ORDER 2022-31

December 29, 2022

TO: BUREAU/DIVISION/UNIT COMMANDERS

RE: SELECTION OF PERSONNEL

Effective Monday, January 9, 2023, the following officers have been selected for the Emergency Services Team.

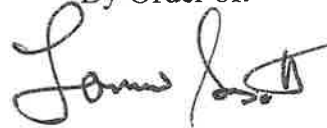
Officer Aldo Mesa #1114

Officer Erin Armstrong #1153

Officer Isaac Sutton #1158

Officer Maurquice Miller #1177

By Order of:

A handwritten signature in black ink, appearing to read "Lonnie Scott", with a stylized flourish at the end.

Lonnie Scott
Chief of Police



INTRA-OFFICE COMMUNICATION

2022-31

TO: Chief Lonnie Scott Sr.
FROM: LT. Charlie Ward *EW 673*
VIA: A/Capt. Rob Koehler *Rob Koehler*
DATE: December 17, 2022
RE: Emergency Services Team Vacancy Process

Approved
[Signature]
12/21/22

Off. 1/9/23

On December 9th, 2022, a vacancy process was conducted by Sgt. Rob Kennedy, Sgt. Farrah Lormil, Cpl. Scott Bertzyk, Cpl. Shelley Postle and Ofc. Paul White. The process consisted of a physical fitness test, shooting qualification, stress course, scenario, and oral board. Six candidates submitted Letters of Interest and Resumes detailing their desires to be members of the Emergency Services Team (EST). Four candidates were successful in the process. The team currently has six vacant positions.

Officer Marquice Miller: Ofc. Miller put time and effort into preparing his letter of interest and resume. He was successful in all portions of the process. Ofc. Miller is a newer member to the department but has expressed interest in applying for a positions on EST for some time. He demonstrated impressive decision-making skills and physical fitness throughout the process. He would be a valuable member and we recommend him to be considered for selection to the team.

Officer Isaac Sutton: Ofc. Sutton put time and effort into preparing his letter of interest and resume. Ofc. Sutton has been with the agency for two years and succeeded in all aspects of the tryout process. Ofc. Sutton has demonstrated a strong desire to be a member of the Emergency Services Team. He demonstrated impressive decision-making skills and physical fitness throughout the process. He would be a valuable member and we recommend him to be considered for selection to the team.

Officer Erin Armstrong: Ofc. Armstrong put time and effort into preparing her letter of interest and resume. Ofc. Armstrong has been with the agency for two years and succeeded in all aspects of the tryout process. Ofc. Armstrong has demonstrated a strong desire to be a member of the Emergency Services Team. She demonstrated impressive decision-making skills and superior physical fitness throughout the process. She would be a valuable member and we recommend her to be considered for selection to the team.

Officer Aldo Mesa: Ofc. Mesa put time and effort into preparing his letter of interest and resume. He was successful in all portions of the process. Ofc. Mesa has demonstrated a strong work ethic on his shift. He maintains a consistent training regimen and expressed a strong desire to be a member of the team and improve in all aspects of the



INTRA-OFFICE COMMUNICATION

position. He has responded to numerous high stress events and try's to go to as many high stress calls as possible, which prepare him for a role on EST. He would be a valuable member and we recommend he be considered for selection to the team.

Officer Frederic Tirado: Ofc. Tirado put time and effort into preparing his letter of interest and resume. Ofc. Tirado was unsuccessful in passing the Coopers test physical fitness portion of the process.

Officer Gabriel Villali: Ofc. Villali put time and effort into preparing his letter of interest and resume. Ofc. Villali was unsuccessful in passing the Coopers test physical fitness portion of the process.

With four applicants passing the tryout, and there being six open positions; we hope you will consider selecting all four successful applicants to EST.

Compensation

Effective Date & Reason

Effective Date



01/09/2023

Use Next Pay Period

Yes

Reason

Request Compensation Change > Allowance Change > Certification Pay Adjustment

Employee Visibility Date

Employee Visibility Date



Hourly

Assignment Details



25.01 USD Hourly

Plan Name

Hourly Plan

Effective Date

10/03/2022

Allowance

Assignment Details



Effective Date

01/09/2023 was 01/11/2021

Add



ADDING \$60 SPECIALTY PAY EFFECTIVE JAN 9, 2023 FOR BEING SELECTED TO BE ON THE EMERGENCY SERVICES TEAM FOR TOTAL OF \$90

Attachments



2022-31 Selection of Personnel - Signed.pdf

✓ Successfully Uploaded!



Description

Personnel Order 2022-31

Category *

× Certification

Upload



POLICE DEPARTMENT Inter-Office Communication

To: Lisa Redmon
From: Ernest Graham
Subject: Conditional Job Offer

Date: 9-16-19

Candidate: Name: Erin Lynn *Luca*
Address: [REDACTED]
Phone: [REDACTED]
DOB: [REDACTED]
SSN: [REDACTED]

Armstrong

Hire 10/14/19

Ms. Luca has successfully completed the preliminary background investigation process and may be conditionally job offered for the position of **Non-Certified Police Officer PRAF #8183**.

Ms. Luca has an Associate's degree from Santa Fe College in Engineering. She is currently employed with University Air Center as a Linesman.

Ms. Luca is considered for hire at the following pay rate:

Hiring Salary Matrix	T-1
Pay Grade	P1
Hourly	\$17.3401
Annually	\$36,067.41

*POP-New pay plan
10/2/19
→ 17.9293*

***This conditional job offer is contingent on successful completion of a polygraph test, psychological examination, Police Officer medical evaluation and a satisfactorily completed final background report.

Please call me at 393-7532 if you have any questions.



POLICE DEPARTMENT Inter-Office Communication

To: Lisa Redmon

Date: 9-16-19

From: Ernest Graham

Subject: Conditional Job Offer

Candidate: Name: Erin Lynn Luca

Address:

Phone:

DOB:

SSN:

Ms. Luca has successfully completed the preliminary background investigation process and may be conditionally job offered for the position of **Non-Certified Police Officer PRAF #8183**.

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Hiring Salary Matrix	T-1
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Annually	\$36,067.41

***This conditional job offer is contingent on successful completion of a polygraph test, psychological examination, Police Officer medical evaluation and a satisfactorily completed final background report.

Please call me at 393-7532 if you have any questions.

CITY OF GAINESVILLE

EMPLOYEE NOTICE

PAGE 1 of 2		DATE FORM PREPARED: 1a) 11/21/2022		DATE INFRACTION OCCURRED: 1b) 08/01/2022		TIME INFRACTION OCCURRED: 2) 03:25 AM	
EMPLOYEE'S NAME 3) Erin Armstrong			EMPLOYEE ID NUMBER 4) 19682		DEPARTMENT: POLICE 5) NUMBER: 810 UNIT: 8110		
This notice is given to remind you to be more careful in your work and conduct, helping you avoid further disciplinary action.							
"NATURE OF INFRACTION" <input type="checkbox"/> ATTENDANCE <input checked="" type="checkbox"/> SAFETY <input checked="" type="checkbox"/> DEPARTMENT RULES <input type="checkbox"/> CONDUCT <input type="checkbox"/> WORK QUALITY <input type="checkbox"/> WORK PERFORMANCE <input type="checkbox"/> OTHER 6)			COMMENTS: Violation of the City of Gainesville Personnel Policies and Procedures, Policy E-3, Rule(s) 23 and 30. Rule 23 prohibits "Carelessness which affects the safety of personnel, equipment, tools, or property or causes materials, parts, or equipment to be damaged or scrapped." Rule 30 prohibits "Violating a safety rule or safety practice." 7)				
ACTION TAKEN Written instruction and loss of take home vehicle for 4 weeks (28 days) for a First Offense violation of Rule 23 and 30. In addition, Officer Armstrong will be provided remedial driving training. 8)							
RECORD SECTION							
HAS EMPLOYEE BEEN WARNED BEFORE ABOUT THIS OFFENSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 9)			ORAL WARNING <input type="checkbox"/> DATE 10a)		WRITTEN WARNING <input checked="" type="checkbox"/> DATE 03/06/2022 10b)		EMPLOYEE NOTICE <input type="checkbox"/> DATE 11)
ROUTING ORIGINAL TO: EMPLOYEE COPIES TO: HUMAN RESOURCES DEPARTMENT	PREPARED BY: (SUPERVISOR SIGNATURE) 13a) <i>Sgt. L. Hayes</i>			SUPERVISOR'S NAME (PRINTED) 13b) Sgt. L. Hayes			
	APPROVED BY: (DIVISION) 14) <i>[Signature]</i>			APPROVED BY: (DEPARTMENT) 15) <i>[Signature]</i>			
	REVIEWED WITH HR/OD? 16) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			DATE OF REVIEW WITH HR/OD: 17) 11/21/2022			
	SIGNATURE OF EMPLOYEE ACKNOWLEDGING RECEIPT 18) <i>[Signature]</i>					DATE DISCUSSED WITH EMPLOYEE 19)	

CITY OF GAINESVILLE

EMPLOYEE NOTICE SUPPLEMENT

PAGE 2 of 2	DATE FORM PREPARED: 1a) 11/21/2022	DATE INFRACTION OCCURRED: 1b) 08/01/2022	TIME INFRACTION OCCURRED: 2) 03:25 AM
EMPLOYEE'S NAME 3) Erin Armstrong	EMPLOYEE ID NUMBER 4) 19682	DEPARTMENT: POLICE 5) NUMBER: 810 UNIT: 8110	
<p>COMMENTS CONTINUED: Ofc. E. Armstrong is assigned to work night shift from 10:00 PM until 08:00 AM and has worked that schedule since January 2021. On August 1, 2022, at 03:25 AM, Ofc. Armstrong fell asleep while driving and crashed into the center median. The undercarriage sustained significant damage and the airbags inside the vehicle deployed. The damage to her assigned patrol vehicle was estimated to cost \$16,965.15 to repair. Instead of repairing the vehicle, it was classified as a total loss by the Fleet Department. No one was injured in this crash. 7)</p>			
<p>REMARKS :</p> <p>The Gainesville Police Department General Order 41.3 Department Vehicles states in part, "Department members shall operate Department vehicles in a safe and skillful manner as set forth within the guidelines of Department policies and Florida State Statutes." This incident was determined to be preventable. Ofc. Armstrong failed to use due care while operating her assigned vehicle during this incident. Ofc. Armstrong was therefore not in compliance with City of Gainesville Code of Conduct E-3 Rule 23, "Carelessness which affects the safety of personnel, equipment, tools or property or causes materials, parts, or equipment to be damaged." Ofc. Armstrong was also not in compliance with City of Gainesville Code of Conduct E-3 Rule 30, "Violating a safety rule or a safety practice."</p> <p>According to General Order 61.7 Department Traffic Crashes and Vehicle Damage Investigations, an employee who is involved in a preventable "major crash" is assessed 3 points toward GPD's point system matrix for vehicles crashed or damaged during preventable incidents. Ofc. Armstrong has one similar violation within the 24 months prior to this incident. Ofc. Armstrong received a written warning and was assessed 1 point toward GPD's point system matrix as a result of VA 2021-058. Therefore, Ofc. Armstrong will receive an Employee Notice and loss of her take home vehicle for four weeks (28 days). Continued violations of this nature will result in progressive disciplinary action, up to, and including dismissal. 12)</p>			

— GAINESVILLE POLICE DEPARTMENT —

Internal Affairs Division

DISCIPLINARY ACTION INFORMATION SHEET

EMPLOYEE RIGHTS AFTER INVESTIGATIONS:

1. SUBMITTING GRIEVANCES

- a. Employees who receive disciplinary actions that result in the issuance of Written Instruction and Cautioning (Employee Notice) or higher levels of discipline may grieve (appeal) their discipline in accordance with their respective Collective Bargaining Agreements or City Policy. The time periods for grieving disciplinary actions vary and employees are encouraged to review their respective Labor agreement or City Policy for their specific time requirements.

2. SUSPENSIONS

- a. Employees who are suspended without pay may have their service dates adjusted to reflect the period of suspension. Employees should contact the City's Risk Management Department to obtain the corresponding effects to their benefits, if any.
- b. Employees may be allowed to serve suspensions on non-consecutive days if it is determined by the Bureau Commander to be a benefit to the Department.
- c. While serving suspensions, affected employees are prohibited from working overtime during any pay period the suspension hours are served. Employees will have court appearances rescheduled when possible. However, if court appearances cannot be rescheduled, employees shall be paid in accordance with the provisions of City Policy or the applicable Labor Agreement.
- d. Sworn employees will surrender their badges, duty weapon, ammunition, and Departmental vehicle to the supervisor issuing the discipline. These items will be returned to the employee upon completion of the disciplinary action.

3. DEMOTIONS

- a. Employees who are demoted will have their job class and title adjusted to reflect the demotion. The employees pay may also be adjusted in accordance with City Policy C-3. This information will be documented in the Employee Notice.

4. TERMINATIONS

- a. Employees who are recommended for termination shall receive a copy of the Employee Notice which will outline the reason(s) for the recommendation.
- b. Upon receipt of the Employee Notice, employees will be suspended without pay pending the Informal Conference. Following the Informal Conference, the Chief will provide his/her decision in writing, by mail, to the employee.
- c. Employees must turn in all Department equipment. Failure to do so, or to make arrangements with the Property Office for compensation, may result in the forwarding of theft charges to the State Attorney's Office.

Signature denotes issuance of this document to and receipt by the affected employee.

Print Name ERIN ARMSTRONG ID # 1153

Employee's Signature [Signature] Date: 7/29/22

Issuer's Signature LT. [Signature] ID # 411



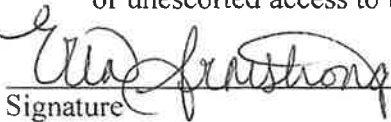
Gainesville Police Department

Fingerprint Submission Notification & Acknowledgment

I hereby authorize the Gainesville Police Department to process a set of my fingerprints for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me to determine eligibility for employment or licensure.


I understand the following:

- My fingerprints will be retained at the Florida Department of Law Enforcement (FDLE) and the Federal Bureau of Investigation (FBI) for the purpose of providing notice of any subsequent modifications to my criminal history record.
- A copy of any national criminal history records that may pertain to me can be obtained directly from the FBI.
- I am entitled to challenge the accuracy and completeness of any information contained in any such criminal history record pursuant to F.S. 943.056 and Title 28, CFR, Section 16.30-34.
- I am entitled, within a reasonable amount of time, to a determination as to the validity of my challenge before final decision is made regarding my status as an employee, volunteer, contractor, or subcontractor if it is the sole factor precluding my employment or unescorted access to the secure facility.


Signature

8/17/22
Date

ERIN ARMSTRONG
Printed Name


Date of Birth

No changes 6/15
PB

Barritt, Patricia A

From: ArmstrongEL@cityofgainesville.org
Sent: Wednesday, June 15, 2022 2:53 PM
To: DG_GPD_Personnel_Email; Armstrong, Erin L; Walker, Mark P.; Sidlo, Gwendolyn L; Walker, Mark P.; Barritt, Patricia A
Subject: Change of Address Form/Telestaff Change Form From: Armstrong,Erin,Lynn CityID: 19682 GPDID: 1153

Home Address Info:

* New Street Address: [REDACTED]

* New Apt Number:

* New City: Gainesville

* New State: Florida

* New Zip: [REDACTED]

* New Home Phone: [REDACTED]

* New Mobile Phone:

* New Email Address: [REDACTED]

No Change in Mailing Address

No Change in Drivers License Information

No Change in Name Change Information

No Change In Emergency Contact Information

No Change In Telestaff Information

* Officer Verification Info

* Officer Name: Erin Armstrong

* Officer ID: 1153

* Officer verified info was correct on: 6/15/2022 2:53:21 PM

ADDRESS AND INFORMATION CHANGE FORM

V
PB

Name: ERIN LYNN ARMSTRONG

Employee ID: 19682

EMPLOYEE INFORMATION

HOME ADDRESS

Street: [REDACTED]
City: [REDACTED] State: FL
Zip: [REDACTED]
Home Phone: [REDACTED]

MAILING ADDRESS

Street: [REDACTED]
City: [REDACTED] State: FL
Zip: [REDACTED]

EMPLOYEE WORK LOCATION INFORMATION

City Box #: _____ Work Phone: _____ Ext.: _____ Work Cell Phone: _____

EMPLOYEE NAME CHANGE

****ATTACH COPY OF UPDATED SOCIAL SECURITY CARD****

Previous Name: _____

New Name: _____

Effective Date: _____ Reason: _____

EMPLOYEE MARITAL STATUS

****PLEASE REMEMBER TO UPDATE YOUR BENEFICIARY INFORMATION AT HUMAN RESOURCES****

Marital Status: _____

EMERGENCY CONTACT INFORMATION

FIRST CONTACT

Name: Annette Armstrong
Relation: [REDACTED]
Street: _____
City: _____ State: _____
Zip: _____
Home Phone: [REDACTED]
Work Phone: _____

SECOND CONTACT

Name: Scott Bedner
Relation: [REDACTED]
Street: _____
City: _____ State: _____
Zip: _____
Home Phone: [REDACTED]
Work Phone: _____

[Signature]
Employee Signature

1/12/22
Effective Date

NOTE: IF YOU HAVE A 457 OR US SAVINGS BONDS, THEY MUST BE NOTIFIED SEPARATELY. CALL 334-5077 FOR DETAILS.



Law Enforcement Code of Ethics

I, Erin Armstrong, as a Law Enforcement Officer, attest that my fundamental duty is to serve mankind; to safeguard lives and property; to protect the innocent against deception, the weak against oppression or intimidation, and the peaceful against violence or disorder; and to respect the Constitutional rights of all persons to liberty, equality and justice.

I will keep my private life unsullied as an example to all; maintain courageous calm in the face of danger, scorn, or ridicule; develop self-restraint; and be constantly mindful of the welfare of others. Honest in thought and deed in both my personal and official life, I will be exemplary in obeying the laws of the land and the regulations of my department. Whatever I see or hear of a confidential nature or that is confided to me in my official capacity will be kept ever secret unless revelation is necessary in the performance of my duty.

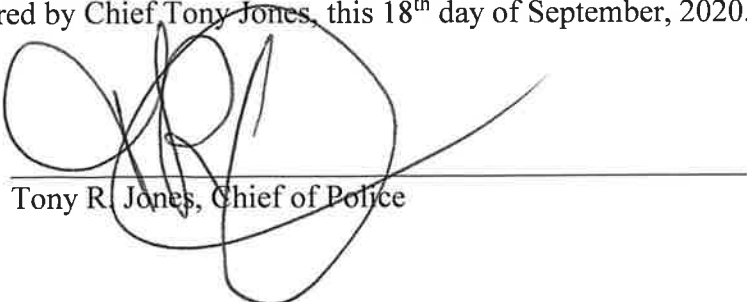
I will never act officiously or permit personal feelings, prejudices, animosities, or friendships to influence my decisions. With no compromise for crime and with relentless prosecution of criminals, I will enforce the law courteously and appropriately without fear or favor, malice or ill will, never employing unnecessary force or violence and never accepting gratuities.

I recognize the badge of my office as a symbol of public faith, and I accept it as a public trust to be held so long as I am true to the ethics of the police service. I will constantly strive to achieve these objectives and ideals, dedicating myself before God to my chosen profession . . . law enforcement.


Officer's Signature

09.18.2020
Date

Law Enforcement Code of Ethics administered by Chief Tony Jones, this 18th day of September, 2020.


Tony R. Jones, Chief of Police

GAINESVILLE POLICE DEPARTMENT

POLICE OFFICER - OATH OF OFFICE

I, **Erin Armstrong**, swear that I will support, protect and defend the constitution and government of the United States, and of the State of Florida, against all enemies, domestic and foreign, and that I will bear true faith and loyalty and allegiance to the same; that I am entitled to hold office under the constitution, and that I will faithfully perform all the duties of police officer of the City of Gainesville, so help me God.



Officer's Signature

09.18.2021

Date

Owen, Pamela J.

From: ArmstrongEL@cityofgainesville.org
Sent: Wednesday, August 5, 2020 9:16 AM
To: DG_GPD_Personnel_Email; O'Neal, Shereka; Armstrong, Erin L; Walker, Mark P.; Walker, Mark P.
Subject: Change of Address Form/Telestaff Change Form From: Armstrong, Erin, L CityID: 19682
GPDID: 1153

Home Address Info:

* New Street Address: [REDACTED]
* New Apt Number:
* New City: [REDACTED]
* New State: Florida
* New Zip: [REDACTED]
* New Home Phone: [REDACTED]
* New Mobile Phone:
* New Email Address: [REDACTED]

No Change in Mailing Address

Drivers License Info:

* New Drivers License Number: [REDACTED]
* New Drivers License Class: E

No Change in Name Change Information

No Change In Emergency Contact Information

No Change In Telestaff Information

* Officer Verification Info
* Officer Name: Erin Lynn Armstrong
* Officer ID: 1153
* Officer verified info was correct on: 8/5/2020 9:15:39 AM

EMPLOYEE ADDRESS AND INFORMATION CHANGE FORM

Return to GPD Personnel Services

LAST NAME Armstrong FIRST NAME Erin M.I. L City ID# 19682

COMPLETE ONLY BOXES WHERE CHANGE IS REQUESTED

FILL IN BOTH HOME AND MAILING ADDRESSES AS NECESSARY

CHANGE EMPLOYEE ADDRESS INFORMATION	
HOME ADDRESS CHANGE - NEW ADDRESS	MAILING ADDRESS
Street: [REDACTED]	<input type="checkbox"/> Same as HOME <input checked="" type="checkbox"/> Change <input type="checkbox"/> No change
City: [REDACTED] State: <u>FL</u>	Street (or P.O. Box): [REDACTED]
Zip: [REDACTED]	Apartment
	City <u>Gainesville</u> State <u>FL</u>
	Zip [REDACTED]
New home phone:	New mobile phone:
Add/Update personal email address (not City email address):	
UPDATE ONLY: Driver's License # [REDACTED] Class <u>E</u>	

CHANGE EMPLOYEE WORK LOCATION INFORMATION		
City Box #:	Work Phone:	Work mobile:

CHANGE EMPLOYEE NAME **ATTACH COPY OF UPDATED SOCIAL SECURITY CARD**	
(Submit system access change request to IT for email changes.)	
Previous Name:	<u>Erin Lynn Luca</u>
Effective Date:	<u>10</u> / <u>16</u> / <u>2019</u>
New Name:	<u>Erin Lynn Armstrong</u>
Reason:	<u>Divorce</u>
EMPLOYEE MARITAL STATUS: <u>Single</u> (Provide copy of marriage license/divorce decree)	
UPDATE YOUR BENEFICIARY INFORMATION AT RISK MANAGEMENT	
<input type="checkbox"/> Need to change Emergency Contact Information? (see below)	

ADD/CHANGE/DELETE EMERGENCY CONTACT INFORMATION	
---	--

ADD/CHANGE/DELETE FIRST CONTACT	ADD/CHANGE/DELETE SECOND CONTACT
Name: <u>Scott Bedner</u>	Name: <u>ANNETTE ARMSTRONG</u>
Relation: [REDACTED]	Relation: [REDACTED]
Street: [REDACTED]	Street: [REDACTED]
City: [REDACTED] State: <u>FL</u>	City: [REDACTED] State: <u>FL</u>
Zip: [REDACTED]	Zip: [REDACTED]
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone: [REDACTED]	Cell Phone: [REDACTED]

x Erin Lynn Armstrong
Employee Signature

x 6/25/20
Date signed

NOTE: IF YOU HAVE A 457, RISK MANAGEMENT MUST BE NOTIFIED SEPARATELY. CONTACT ICMA AT 1-800-669-7400 TO UPDATE INFORMATION.
RETURN THIS FORM TO GPD PERSONNEL SERVICES – WE WILL UPDATE RMS AND TELESTAFF AND FORWARD TO CITY HR.

POLICE TRAINEE CONTRACT
(NO STATE CERTIFICATION)

19682

WHEREAS, **Erin L. Luca** hereinafter referred to as Trainee, acknowledges that the City of Gainesville (City) will incur substantial expenses in the process of training the undersigned to be a State of Florida certified police officer; and

WHEREAS, it is acknowledged by the Trainee that these expenses are expected to be recaptured through the Trainee's services to the Gainesville Police Department (GPD) after completion of said training and that the City will suffer substantial detriment if the Trainee leaves employment during the three years following graduation from the Basic Recruit Course or Equivalency of Training Course (training course);

NOW, THEREFORE, in consideration of the City's payment of the cost of tuition of a Trainee in attendance at an approved training course, and wages and benefits, including supplies provided during the academy training period, the Trainee agrees as follows:

SECTION 1. AMOUNT OF REIMBURSEMENT

- A. A Trainee who attends an approved training course at the City's expense must remain in the employment or appointment of GPD as a certified police officer for a period of not less than three (3) years after graduation from the training course. If said employment or appointment is terminated on the Trainee's own initiative within three (3) years, except as provided in Section 5-B, the Trainee agrees to reimburse the City for the full cost of his/her tuition, other course expenses, and additional amounts as provided in Paragraph B below.
- B. In addition to reimbursement for the full cost of tuition and other course expenses, a Trainee terminating employment as provided in Paragraph A above shall reimburse the City for his/her wages and benefits, less any minimum wage/overtime payments as required by Florida law, as well as supplies paid for or provided by the City during the academy training period according to the following schedule:
 - 1. For a Trainee terminating employment within twelve (12) months of graduation from the training course, the amount of wages and benefits paid, and cost of supplies paid for or provided by the City during the academy training period.
 - 2. For a Trainee terminating employment within twelve (12) months and one (1) day to twenty four (24) months of graduation from the training course, an amount equal to three-fourths of the amount of wages and benefits paid, and cost of supplies paid for or provided by the City during the academy training period.
 - 3. For a Trainee terminating employment within twenty four (24) months and one (1) day to thirty (30) months of graduation from the training course, an amount equal to one-half of the amount of wages and benefits paid, and cost of supplies paid for or provided by the City during the academy training period.
 - 4. For a Trainee terminating employment within thirty (30) months and one (1) day to thirty-six (36) months of graduation from the training course, an amount equal to one-fourth of wages and benefits paid, and cost of supplies paid for or provided by the City during the academy training period.

SECTION 2. TERMS OF REPAYMENT

Complete repayment of the applicable reimbursement obligations, less any minimum wage/overtime payments as required by Florida law, is immediately due and payable at the time of separation. The Trainee agrees that any wages and benefits due the Trainee, including but not limited to his/her final paycheck, returned retirement contributions, vacation time or paid time off, and holiday pay, will be withheld and applied to the amount due the City, and the Trainee shall immediately pay the City the amount, if any, that the reimbursement obligation exceeds the funds withheld and applied.

The Trainee further agrees that in the event the City incurs legal fees, court costs, attorney fees, or other costs in an effort to collect any delinquent sums owing pursuant to this agreement, he/she will pay such expenses in addition to the portion of reimbursement obligation due.

SECTION 3. DEFINITIONS

For purposes of this contract, "academy training period" means the period of time that a Trainee begins attending through graduation of an approved basic recruit course or equivalency of training course in an approved law enforcement academy for the purpose of obtaining certification pursuant to F.S.S. Chapter 943.

The term "other course expenses" includes, but is not limited to, the cost of meals.

SECTION 4. RESIGN CERTIFICATION

This contract does not apply to Trainees who terminate employment with the City and resign their law enforcement certification upon termination in order to obtain employment for which certification under F.S.S. Chapter 943 is not required. Further, this contract does not apply to trainees attending auxiliary officer training.

SECTION 5. EXCEPTIONS

- A. For the purpose of this contract, "appointment or employment terminated upon the Trainee's own initiative" does not include:
1. Termination for cause, including termination for failure to meet standards during the probationary period;
 2. Resignation in lieu of termination for failure to meet standards, or otherwise as determined by the City; or
 3. Retirement
- B. Voluntary or involuntary demotion to the position of Police Service Technician (PST) does not require reimbursement, provided employment in such position is maintained for the requisite period; termination from the PST position at the Trainee's own initiative during the remainder of the required period will require reimbursement as described herein.

SECTION 6. MAXIMUM AMOUNT

The maximum amount of reimbursement obligation, e.g., voluntary resignation immediately upon graduation, is presently estimated to be \$38,461.19.

Dated this 14th day of October, 2019, the Trainee agrees to and executes this contract for the uses and purposes expressed herein.


Erin L. Luca

STATE OF FLORIDA
COUNTY OF ALACHUA

The foregoing instrument was acknowledged before me this 14th day of October, 2019, by Erin L. Luca, who is has produced identification (identification provided: FL DL).

(seal)




Signature of Notary Public

Pamela J. Owen
Printed Name of Notary Public



Acknowledgement of Probationary Periods

Upon hire by the City of Gainesville as a non-certified police officer, the initial probationary period will be one year from date of hire. During this year you will attend and successfully complete the law enforcement academy and then pass the State of Florida Law Enforcement Officer Exam.

Upon successfully passing the State of Florida Law Enforcement Officer Exam, you will become a certified police officer, will be covered by the Fraternal Order of Police (FOP) Collective Bargaining Agreement, and will begin a one-year probationary period in accordance with the FOP Collective Bargaining Agreement, Article 23.2, as follows:

Certified Police Officer Probation: "Except as provided herein, all employees, upon becoming certified police officers, shall be considered probationary employees for a minimum of one (1) year, to include a minimum of six months following completion of the Field Training Program. The City may, at its discretion, extend the probationary period up to an additional six months, which will be documented in an evaluation. Initial probation shall be extended a term equal to the number of days absent for any absence that is greater than two weeks in length, and for the amount of days necessary to ensure a minimum of six months following completion of the Field Training Program. The discharge, suspension or written or verbal warning of a probationary employee shall not be subject to any provisions of the grievance procedure."

I understand that I am subject to two probationary periods, the first as a Non-certified Police Officer/civilian employee and the second as a Certified Police Officer covered by the FOP Collective Bargaining Agreement. I further understand that my probation may be extended up to an additional six months during either probation, which will be documented in an evaluation and explained to me.

Erin Luca

Name-Printed

Erin Luca

Signature

10/14/19

Date

ADDRESS AND INFORMATION CHANGE FORM

LAST NAME Luca FIRST NAME Erin M.I. _____ EID# _____

Instructions: Please PRINT and complete appropriate boxes ONLY where information needs updating.

FILL IN BOTH HOME AND MAILING ADDRESSES – DO NOT WRITE "SAME"

EMPLOYEE INFORMATION	
HOME ADDRESS	MAILING ADDRESS
Street:	Street or P.O. Box:
Apartment:	Apartment:
City: State:	City: State:
Zip:	Zip:
Home phone:	Mobile phone:
Personal email address (not City address): _____	
UPDATE ONLY: Driver's License number: _____ Class: _____	

EMPLOYEE WORK LOCATION INFORMATION		
City Box #:	Work Phone:	Work mobile:

EMPLOYEE NAME CHANGE	
MUST ATTACH COPY OF UPDATED SOCIAL SECURITY CARD	
Submit System Access Request to IT for email changes.	
Previous Name: _____	
Effective Date: ____/____/____	
New Name: _____	
Reason: _____	
EMPLOYEE MARITAL STATUS: _____ *UPDATE YOUR BENEFICIARY INFORMATION AT RISK MANAGEMENT**	

EMERGENCY CONTACT INFORMATION	
FIRST CONTACT	SECOND CONTACT
Name: <u>SCOTT BEDNER</u>	Name: <u>Annette Armbrong</u>
Relation: _____	Relation: _____
Street: _____	Street: _____
City: _____ State: <u>FL</u>	City: _____ State: <u>FL</u>
Zip: _____	Zip: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____

Erin Luca
Employee Signature

10/14/19
Date signed

NOTE: IF YOU HAVE A 457, RISK MANAGEMENT MUST BE NOTIFIED SEPARATELY. CONTACT ICMA AT 1-800-669-7400 TO UPDATE INFORMATION.

RETURN THIS FORM TO HUMAN RESOURCES AT BOX 20

PAUL D. ASFOUR
17131 EASY STREAM COURT
ALVA, FL 33920
TEL (239) 693-6131
EMAIL: pasfour@comcast.net

Great Job
Please Place in
Off Armstrong's
Personnel File.
Lonnie Scott
11/15/23

November 9, 2023

Lonnie Scott Sr., Chief of Police
Gainesville Police Department
45 NW 8th Ave.
Gainesville, FL 32601

Dear Chief Scott:

I had been unable to reach my brother, who lives in Gainesville, for several days. Therefore, I contacted your Department this morning and asked that a welfare check be conducted.

Officer Armstrong responded and called me while she was on the property. She was able to contact my brother, for which I am grateful.

I was very much impressed with her professionalism, thoroughness and conscientious attitude while checking on my brother and wanted to let you know how much I appreciated her efforts.

Please express my gratitude to her for a job well done.

Regards.


Paul D. Asfour

Armstrong

heartline
A  COMPANY



Hallmark Cares
Visit Hallmark.com/ourplanet

THIS CARD IS MADE WITH PAPER FROM
WELL-MANAGED FORESTS.

LWL 4162

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HALLMARK MARKETING COMPANY, LLC
KANSAS CITY, MO 64141
MADE IN U.S.A.

Hallmark.com



*Judith Skipper Davis
3100 SW 35th Place Apt. 171
Gainesville, Florida 32608
305 546-6758*

April 11, 2021

*City of Gainesville
Police Department
545 N.W. 8th Avenue
Gainesville, Florida 32601*

*Attention: Battalion Chief
RE: Case #21-4948*

Dear Battalion Chief:

I am writing this letter to comment all the Police Officers who responded to the above referenced case.

My son, Douglas Skipper, was involved in a single vehicle accident Saturday morning which involved him hitting a tree with his trailer and causing the trailer to flip over. This occurred around 5:00am. My son called his girl friend and she in turned called me. I arrived at the accident scene approximately 15 minutes after it had happed.

Upon arrival at the scene there were 4 police vehicles, a fire engine and a fire department ambulance. The contents of the trailer was primarily paint and painting products. The Police Officers on scene had already cleaned up the paint which was located in the road and had pushed onto the curb all of the other debris from the trailer.

My son was very agitated, (this is sometimes the state of mind my son is in, and as his mother know of this problem he has). These Police Officers of course did not have the insight of my son's problem's but were very patient and were able to calm my son down. This situation could have been different if it had not been for the professionalism of these Police Officer's. I approached the Officer Sgt. Sweeting and identified myself as Mr. Skipper's mother, he informed me of the situation and how the accident had probably happened. Officer Sweeting showed me tremendous respect and courtesy.

The tow truck arrived on the scene and proceeded to load the trailer onto the flat bed tow truck. Upon arrival of the tow truck Officer Crew allowed my son's girlfriend to take my son home. I stayed on the scene while the towing company secured the trailer and took it to their tow yard.

I realize this letter is lengthy, however I would greatly appreciate if you would pass on this letter of gratitude to these Officer's who were at the accident site. Officer Sweeting, Officer Crew and Officer Armstrong. Officer Armstrong was in charge of directing traffic and I could hear her on numerous occasions yelling at drivers to SLOW down. As all of the Officers had their duties I believe that Officer Armstrong had a very important role at the scene of the accident as much as the Officers dealing with the actual accident site.

Please extend my heartfelt gratitude to these Officer's as they are truly Gainesville's finest. I am PROUD to salute the City of Gainesville Police Department.

May God Bless and protect all of the Officer's who wear the badge, I humbly remain.

Sincerely

Judith Davis

Judith Davis



RON DESANTIS
GOVERNOR



J. MARK GLASS
COMMISSIONER

STATE OF FLORIDA

THE COMMISSION ON CRIMINAL JUSTICE STANDARDS AND TRAINING

Hereby awards to

Erin L. Armstrong

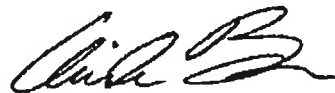
ADVANCED TRAINING CERTIFICATE

**School Resource Officer
40 HOUR(S)**

For having fulfilled the requirements for training
as prescribed in Chapter 943
of Florida Statutes



TOMMY FORD, CHAIRMAN
CRIMINAL JUSTICE STANDARDS
AND TRAINING COMMISSION



CHAD BROWN, DIRECTOR
CRIMINAL JUSTICE
PROFESSIONALISM

July 28, 2023

28-2023-090-1

GAINESVILLE POLICE DEPARTMENT CERTIFICATE OF COMPLETION

THIS CERTIFICATE IS AWARDED THIS DATE
AUGUST 1ST, 2023

OFFICER ERIN ARMSTRONG

FOR SUCCESSFUL COMPLETION OF 16 HOURS OF TRAINING
**“SINGLE OFFICER (SRO) RESPONSE TO AN
ACTIVE SHOOTER/ASSAILANT”**

(FIREARMS, TACTICS, CRITICAL INCIDENT MANAGEMENT)

LEAD INSTRUCTOR




DATE 08/01/2023

UNIT COMMANDER

DATE 08/01/2023



GAINESVILLE, FLORIDA POLICE DEPARTMENT

**SANTA FE COLLEGE
INSTITUTE OF PUBLIC SAFETY**

Gainesville, Florida

CERTIFICATE OF COMPLETION

This is to certify that

ERIN ARMSTRONG

has successfully completed the training curriculum for

SCHOOL RESOURCE OFFICER COURSE

CJSTC 090

July 24 – 28, 2023

40 Hours



Gerald Hunter
Training Center Director

Certificate of Completion Crisis Intervention Team

Sponsored By:
**NORTH CENTRAL FLORIDA CRISIS INTERVENTION TEAM
STEERING COMMITTEE**

This Certifies that

Erin Armstrong

has satisfactorily completed the **Crisis Intervention Team Training**
40-Hour Course

And is hereby presented this Certificate of Completion
On December 3rd, 2021

Kevin Sosa

Kevin Sosa LMHC, CIT Coordinator

Gainesville Police Department

Operations Division - Patrol

Gainesville, Florida

This is to certify that

Officer Erin Armstrong #1153

Has satisfactorily completed the training requirements for the position of

General Crime Scene ("G") Unit

10 Hours

On this 20th of May, 2021



Training Instructor



Criminal Investigations Bureau Commander



Forensic Crime Unit Supervisor



RON DESANTIS,
GOVERNOR



RICHARD L. SWEARINGEN,
COMMISSIONER
FLORIDA DEPARTMENT OF
LAW ENFORCEMENT

STATE OF FLORIDA

THE COMMISSION ON CRIMINAL JUSTICE STANDARDS AND TRAINING

Hereby awards to

Erin L Armstrong

**BASIC RECRUIT CERTIFICATE
CERTIFICATE OF COMPLIANCE
LAW ENFORCEMENT OFFICER
770 HOUR(S)**

For having fulfilled the requirements for training
as prescribed in Chapter 943
of Florida Statutes



TOMMY FORD, CHAIRMAN
CRIMINAL JUSTICE STANDARDS
AND TRAINING COMMISSION



DEAN REGISTER, DIRECTOR
CRIMINAL JUSTICE
PROFESSIONALISM

September 25, 2020

372260



CERTIFICATE OF COMPLETION

AWARDED TO

Erin Luca *Armstrong*

OF Santa Fe College - Institute of Public Safety

IN RECOGNITION OF YOUR SUCCESSFUL COMPLETION OF

TASER X26/X26P CEW V.21
USER CERTIFICATION COURSE

TRAINING CERTIFICATE ISSUED

NOVEMBER 8, 2019



Santa Fe College

This Certifies That

Erin Luca *Armstrong*

Having completed the requirements for Graduation as prescribed by the State of Florida,
the Institute of Public Safety, and the District Board of Trustees is hereby granted the Certificate of

STATE OF FLORIDA LAW ENFORCEMENT OFFICER

Basic Recruit Training Program 2019.07

BRC-I47 • 770 Hours

October 21, 2019 through May 7, 2020

28-2019-2000-02

Given this 7th day of May, two thousand and twenty



Thomas Ackerman
IPS Associate Director



Thomas Ackerman
IPS Director

Gainesville, Florida



STATE OFFICER CERTIFICATION EXAMINATION RESULTS

UNOFFICIAL COPY

erin I luca

Examination Result: **PASS**

Score Information

Raw Score: 166

Percent Score: **87%**



Examination Name: Florida Law Enforcement

Examination Date: 5/18/2020

Test Site ID: 68123

Next Steps to Becoming a Certified Officer

You have four years from the start date of your basic-recruit training program or equivalency advisement date to become certified as an officer in Florida.

In order to be eligible for certification the following must occur:

1. You must pass the state officer certification examination.
2. You must become employed as an officer in Florida.
3. A background investigation must be completed in accordance with CJSTC rules.
4. Your processed fingerprints must be on file with your employing agency.
5. Your employing agency must submit a written application for your certification to the CJSTC, if you have not been previously certified.

Your employing agency will receive your certificate of compliance (certification) and should distribute it to you upon receipt.

Disclaimer: This is an unofficial copy and is not valid for employment purposes. Official documentation of State Officer Certification Examination results can be found in the Automated Training Management System (ATMS). In addition, this information has not been validated by FDLE for any employment decisions. FDLE will not support any decisions made on any State Officer Certification Exam data other than a pass/fail score as determined by the Department.

Certificate of Achievement

Awarded to

Erin Luca

For Successful Completion of

FCIC/NCIC Limited Access Certification

2 Training Hours

Presented by the

Florida Department of Law Enforcement

on

October 14, 2019

This certification expires two years from the date of issuance.



A handwritten signature in black ink, appearing to read "Schaeffer", is written over a horizontal line.

**Charles I. Schaeffer, Director
Criminal Justice Information Services**





City of Gainesville

Gainesville Police Department

Chief's Memo 2024-02

To: ALL GPD Personnel
From: Interim Police Chief Nelson Moya
Date: June 20, 2024
Re: Expectations

All personnel,

As we continue to transform our agency into an organization that maximizes the delivery of its public safety service while promoting a thriving internal culture, it is imperative that we continue to communicate with our employees. The purpose of this communication is to ensure that our entire workforce is knowledgeable of our mission, the values that support the mission, current public safety priorities, and the expectations of our personnel. What follows applies to all personnel; sworn and civilian alike.

GPD General Order 1.1 clearly outlines the department's mission, vision and goals. Here is the link for you to review as a refresher, <https://public.powerdms.com/GPD/tree/documents/3>. In particular, captioned in our mission is the following excerpt of special interest. That is, "SERVE the people, PROTECT life, property, and rights. ENFORCE the law fairly and impartially. RESOLVE problems by working in concert with our neighbors to identify issues and potential solutions." This General Order remains in effect. My intent is to provide added clarity in order to optimize our efforts.

Law enforcement is at the core of our constitutional function. Crime fighting and protecting our citizenry is imperative. To that end, we must be integrally **engaged with our community**. Equally as important is our internal mandate to **support our employees**. This includes mentoring, training, succession planning, and accountability; all aimed at maximizing our people's overall wellness. This third piece is vital to our success. This concept applies **formally via positional authority and application (Leadership Ranks)** as well as **informally and laterally throughout all levels**.

Currently, our priorities, based on the needs of our community, identified through internal analysis and through external stakeholder input is threefold; **First, to combat gun related**



City of Gainesville

Gainesville Police Department

violence and all of its public safety tentacles. Second, to optimize our engagement with the houseless population in order to identify opportunities to meet specific needs while promoting public safety. Third, to continue traffic related efforts in order to mitigate/reduce vehicle crash related and pedestrian fatalities/significant injury. These priorities are subject to change.

In order to achieve our goals, we all must have clear expectations. This is particularly important to our supervisory personnel. Although the following list is specifically intended for all of our formal ranking staff, it applies to everyone. It is important to recognize that the following expectations only complement those duties and responsibilities that are already listed in each respective job description.

- **Stay connected to our mission, values and priorities and deliver your service around those tenets.**
- **Make internal decisions based on what is best for the organization and your people.**
- **Have your people's back. Meaning, support, mentor, train, and grow them but hold them to account so others don't have to.**
- **Practice Emotional Intelligence.**
- **Be Reasonable and flexible yet clear on your convictions.**
- **Place equal value in all of our staff; Sworn and Civilian.**
- **Actively Listen.**
- **COLLABORATE with other units, divisions, bureaus.**
- **Know when to lead and when to follow and excel at each.**
- **Pay close attention on HOW you communicate with each other.**
- **History is important, but don't let negative history be a hurdle to progress.**
- **Work past your biases and arrive at objective decision making.**
- **Come to the table with solutions, not just problems.**
- **Your function as a leader is to UNIFY the organization. Work toward that end from a macro and micro perspective.**
- **Stay informed.**
- **Seek consensus in all that you do and take the time to explain the WHY.**
- **Self-reflect.**
- **Be influential.**
- **Be a servant to others.**



City of Gainesville

Gainesville Police Department

- Practice humility.
- Be Present.

Although this list is not exhaustive, it is relevant to who we currently are as an agency. Please remember that our strength as an organization lies in our **UNITY**.

Please print and sign this document in acknowledgement and submit it to your supervisor by July 4th. Bureau Commanders will ensure that we receive this signed document from all staff. I will collect theirs.

Thank you. It is an honor and a privilege to serve with you. Please be safe...

<u>ERIN ARMSTRONG</u>	<u></u>	<u>6/27/24</u>
Print Name	Signature	Date

GAINESVILLE POLICE DEPARTMENT AWARD NOMINATION FORM

SECTION 1 – TRACKING:

(To be completed by Awards Committee Chair)

DATE RECEIVED:

CONTROL NUMBER:

SECTION 2 – ADMINISTRATIVE:

DATE OF SUBMISSION:

1-30-2023

NAME OF CANDIDATE (RANK IF APPLICABLE):

Ofc Erin Armstrong

BUREAU OF ASSIGNMENT (ADDRESS and PHONE IF CIVILIAN):

Patrol

Phone (Civilians):

TYPE OF AWARD RECOMMENDED (CLICK HERE FOR AWARD DEFINITIONS):

Distinctive Service Award



NAME OF PERSON SUBMITTING NOMINATION (RANK IF APPLICABLE):

Sgt Wade Priester Jr

ASSIGNMENT:

Patrol

SUPERVISOR'S NAME:

Wade Priester

DATE FORWARDED:

1-31-2023

☒ CONCUR
☐ DO NOT CONCUR

DIVISION / SHIFT COMMANDER:

Lt Marquita Brown

DATE FORWARDED:

1-31-2023

☒ CONCUR
☐ DO NOT CONCUR

BUREAU COMMANDER:

Capt Victoria Young

DATE FORWARDED:

1-31-2023

☒ CONCUR
☐ DO NOT CONCUR

SECTION 3 – SUMMARY: (PLEASE TYPE)

A brief narrative of the incident or event that describes the candidate's actions and / or achievements. The narrative will be used on the certificate that accompanies the award.

On 1-17-2023 at about 1640 hours, multiple units responded to Sweetwater Square Apartments to reports of a subject shooting at two victims. After firing his gun, the suspect ran away from the area. Officers located him a short distance away from the apartment complex when he fled again. Ofc Armstrong located the suspect running away from the area and ordered him to stop, he refused and kept running past her vehicle as she was driving into the area. Ofc Armstrong exited her car and gave chase. She caught up to and tackled him. While trying to take him into custody, she realized he was still armed. She did not disengage and fought the suspect for his gun, eventually disarming him. Maintaining her composure, she gave out excellent information on the radio, collected the firearm and made it safe. A short time later a GPD K9 officer arrived with assisting units. Ofc Armstrong maintained the last seen point and directed the K9 unit to that point. A short time later, the now unarmed suspect was taken into custody without incident.

SECTION 4 – JUSTIFICATION: (PLEASE TYPE)

A series of bullet statements (i.e. #1, #2, etc) that identify how / why the actions of the candidate meet the criteria for the award. Additional justification may be attached in the same format.

Distinctive Service Award

- i. Poses a danger to his or her life,
- ii. Displays bravery or courage, and
- iii. Protects life or property, enforces the law, preserves the public peace, prevents criminal acts, or apprehends a criminal.

Ofc Erin Armstrong physically confronted and armed subject immediately after he shot at two citizens. Knowing the suspect was likely still armed, she chased the suspect down and tackled him. Ofc Armstrong was persistent in her efforts and eventually disarmed the suspect. The suspect was taken into custody by GPD K9 a short time and distance later. Her efforts more than met the criteria for this award.

SECTION 5 – AWARD COMMITTEE CHAIR REVIEW / ACTIONS:

DATE:

☒ Meets Criteria for Review

☐ Does Not Meet Criteria for Review

2/22/2023

Sent Back for Clarification / Correction

☐ N/A

☐ Date Returned:

☐ Date Received Correction:

NAME / RANK OF COMMITTEE CHAIR:

SIGNATURE:

SECTION 6 – AWARDS COMMITTEE REVIEW / ACTIONS:

DATE:

☐ Meets Criteria for Review

☐ Does Not Meet Criteria for Review

☐ Approved for Recommended Award

☐ Disapproved for Recommended Award; Approved for

Award

☐ Not Approved for any Award

☐ Disposition Pending

VOTE: ____ / ____

NAME / RANK OF COMMITTEE CHAIR:

SIGNATURE:

GAINESVILLE POLICE DEPARTMENT AWARD NOMINATION FORM

SECTION 1 - TRACKING:

(To be completed by Awards Committee Chair)

DATE RECEIVED:

CONTROL NUMBER:

SECTION 2 - ADMINISTRATIVE:

DATE OF SUBMISSION:

2-8-2023

NAME OF CANDIDATE (RANK IF APPLICABLE):

Sgt Kennedy, Cpl Gough, Ofc Ryan, Ofc Osborne, Sgt Priester,
Ofc McCazzio, Cpl. Davis, Ofc Singletary, Ofc Armstrong, Ofc
Blivins, Ofc Demico, Ofc Maloney, Sgt Walters, and Lt. Brown

BUREAU OF ASSIGNMENT (ADDRESS and PHONE IF CIVILIAN):

Patrol Operations

Phone (Civilians):

TYPE OF AWARD RECOMMENDED (CLICK HERE FOR AWARD DEFINITIONS):

Exceptional Incident Response Citation



NAME OF PERSON SUBMITTING NOMINATION (RANK IF APPLICABLE):

Lt. M Brown 847

ASSIGNMENT:

SUPERVISOR'S NAME:

Capt V. Young

DATE FORWARDED:

2-8-23

☒ CONCUR
☐ DO NOT CONCUR

DIVISION / SHIFT COMMANDER:

Capt V. Young

DATE FORWARDED:

2-8-23

☒ CONCUR
☐ DO NOT CONCUR

BUREAU COMMANDER:

Capt V. Young

DATE FORWARDED:

2-8-23

☒ CONCUR
☐ DO NOT CONCUR

SECTION 3 - SUMMARY: (PLEASE TYPE)

A brief narrative of the incident or event that describes the candidate's actions and / or achievements. The narrative will be used on the certificate that accompanies the award.

On 1-12-23 at 1323 hours multiple dayshift officers responded to 1225 West Uni Ave in reference to a disgruntled employee who was just fired from the construction site which is 7 stories tall. The subject refused to leave the site. The subject became agitated and then threatened to commit suicide by jumping off of the top of the 7 story structure. Dayshift officers formed a quick response with patrol officers, EST, SWAT, NRT, and CRT members. Contact was initiated with the subject who was obviously having a mental health crisis and appeared to be under the influence of some type of narcotic. The subject had stripped out of all of his clothing. The subject began to aggressively approach the officers which allowed him to walk away from the edge of the building. Ofc Osborne deployed his TASER which quickly subdued the subject and he was taken into custody without incident. GFR responded to safely transport the subject from the top floor to the ground level by using the ladder truck. The subject was transported to the hospital and placed under a baker act.

SECTION 4 - JUSTIFICATION: (PLEASE TYPE)

A series of bullet statements (i.e. #1, #2, etc) that identify how / why the actions of the candidate meet the criteria for the award. Additional justification may be attached in the same format.

Responding officers spontaneously responded to an unusual/extraordinary event, performed in cooperation, and rendered a superlative outcome to the event, engaging in an act that:

- Demonstrated diligence, dedication, and the willingness to identify and arrest suspect(s), and/or
- Preserved the life of a citizen, and/or
- Diffused a situation having the potential to be a threat to public safety and law enforcement responders alike, and/or
- Performed an act of community service or outreach that personifies the goals and mission statement of the Department

SECTION 5 - AWARD COMMITTEE CHAIR REVIEW / ACTIONS:

DATE:

☐ Meets Criteria for Review

☐ Does Not Meet Criteria for Review

Sent Back for Clarification / Correction

☐ N/A

☐ Date Returned:

☐ Date Received Correction:

NAME / RANK OF COMMITTEE CHAIR:

SIGNATURE:

SECTION 6 - AWARDS COMMITTEE REVIEW / ACTIONS:

DATE:

☐ Meets Criteria for Review

☐ Does Not Meet Criteria for Review

☐ Approved for Recommended Award

☐ Disapproved for Recommended Award; Approved for

Award

☐ Not Approved for any Award

☐ Disposition Pending

VOTE: ____ / ____

NAME / RANK OF COMMITTEE CHAIR:

SIGNATURE: